



JGH

NEWS

Meet Dr. Apostolos Papageorgiou

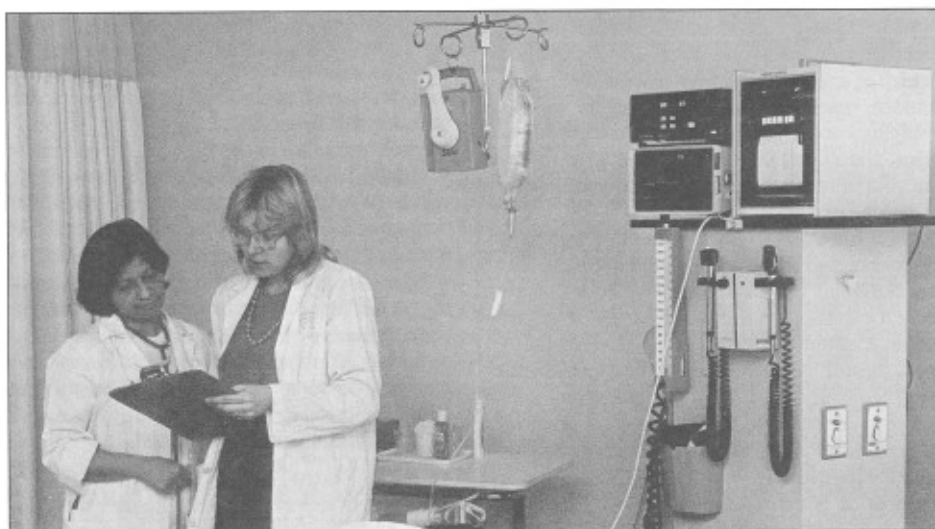


Last year over 800 babies were attended in the Pollack neonatal intensive care unit, and about 150 remained for a month or more. The unit has acquired an international reputation for saving the lives of premature and sick new borns, and this all happens

under the watchful eye of Dr. Apostolos Papageorgiou, director of neonatology since 1974 and pediatrician-in-chief since January, 1986. Characteristically, Dr. Papageorgiou is quick to insist that the remarkable achievements are due to the efforts of many people. Neonatologists, nurses, high-risk obstetricians and obstetrics chief, Dr. Morrie Gelfand, have displayed the "kind of commitment to perinatology that has made possible the excellent team spirit, the consequences of which are the exceptional results," says Dr. Papageorgiou. With tremendous enthusiasm, he describes the unit's nursing staff of 55, which developed from three or four without special training in 1973, when the unit began to expand. Today, with head nurse, Barbara Tackoor, "we have developed a team second to none not only for their professional performance, but also for their dedication and emotional attachment." According to Papageorgiou, this makes them the best nurses in the field. They work long hours, putting the welfare of the babies before their own, and this has contributed in a great measure to reducing the perinatal-mortality rate from 23 per 1000 (in 1973) to two per 1000 within ten years, and an average of 4/1000 over the past few years. "It is most satisfying to see so many parents taking home tiny babies in good health, and to know that their future is bright and the quality of life which they will enjoy is excellent" says Dr. Papageorgiou, paying tribute to the follow-up clinic conducted by Dr. Ildiko Kunos. "I feel privileged," he says, describing his collaboration with Dr. Kunos over the past seven years. Photos of happy and flourishing "graduates," first in their monitored bassinets and then as scampering toddlers, are displayed around the unit.

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Neurosurgery combines highly skilled professionals with state-of-the-art technology



Dr. Irena Danys, medical director of the neurosurgical intensive care unit, confers with nurse Saroj Sethi.

Over 300 major operations are performed a year in the JGH division of neurosurgery, most of them on patients with brain tumors or spinal or vascular disorders. This is an impressive number for a division whose neurosurgical staff is also engaged in teaching activities and leading edge research.

At this year's plenary session of the annual meeting of the American Association of Neurological Surgery, Dr. Steven Brem, JGH neurosurgeon-in-chief presented a new approach to inhibiting the growth of brain tumors by a method called angiosuppression. There are two ways to attack tumor cells, according to Brem. The one traditionally used kills the tumor cells directly with some form of toxic material, usually chemotherapy. "Today we recognize that the environment around the cell is important," he explains "and we've been trying to starve the tumor by suppressing or blocking the growth of the blood vessels.

We're looking at the factors and nutrients involved in the process, particularly copper ion which we've found to be very important. It represents a completely novel approach to treatment of malignant brain tumors that have been inhibited traditionally by methods such as chemotherapy, radiotherapy or surgery".

The neurosurgical group is particularly active in the use of ultrasound to diagnose and prevent strokes. The traditional approach has been to do an x-ray using dye to see changes in the blood vessel that has narrowed, blocking the supply of blood. Often the pathology, or growth, is in the wall of the vessel. Ultrasound's sophisticated technique can give details of the wall without surgery. A generous donation from the Dalse Club has helped in the purchase of ultrasound equipment to visualize plaque pathology.

Ultrasound is also used to remove brain tumors by combining the use of laser light and high energy sound waves. This process was first done in Quebec at the JGH. Ultrasound is also used to detect deep brain tumors. Other types of sophisticated technology have helped change certain neurosurgical procedures. For example, new stereotactic equipment is used in conjunction with CT scan to pinpoint the precise location of tumors. Radio frequency electrodes inserted into the base of the skull are used in the treatment of 'trigeminal neuralgia', an extremely painful condition.

Trigeminal neuralgia can also be treated surgically with a procedure called 'microvascular repositioning' to shift a small

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In This Issue

This issue of the JGH News begins to highlight the hospital's various medical departments through an update on their clinical, teaching and research activities. Further issues will explore other areas. Departmental services deserve to be better recognized and their significant achievements applauded. We will uncover, piece by piece, the complex picture of the Jewish General as a whole.

As a teaching hospital, the JGH enjoys strong links with McGill University. Teaching and medical research are vitally important activities which are inextricably linked to the calibre of health care. Our ties with McGill's Faculty of Medicine create a dynamic and responsive health care environment.

What does this mean to the various departments at the JGH? They require the highest degree of expertise and professionalism, a continuous exchange of information among disciplines and organizations with common concerns, and a constant effort to achieve the tripartite goal of health care, medical education, and research.

The Professional Corporation of Physicians of Quebec and the Royal College of Physicians and Surgeons of Canada approve each department for training residents and interns, over 200 at this hospital. Most of the physicians on our medical staff have teaching appointments on the McGill faculty, and there are numerous joint projects, committees, studies and other teaching hospital programs in which we collaborate. This creative partnership with McGill is a source of great pride for this hospital.

In Memoriam 1896 - 1987



The hospital family mourns the death of Ezra Lozinski, M.D., C.M., M.Sc., F.C.I.C., F.R.C.P., who served as associate physician from 1934, when the first patient was admitted, until 1958, and then as an honorary attending physician. A member of many scientific and medical societies, he was a past president of the Montreal Physiological Society and the Montreal Clinical Society which played a key role in the founding of the hospital.

Dr. Lozinski remained in active practice, still making house calls until a few weeks prior to his death in his 91st year. He is described by Samuel Cohen, the hospital's first executive director, as a man of rare personal and professional qualities, whose keen mind never failed and whose presence and searching questions always brightened the weekly conferences which he attended until the end.

Neurosurgery Continued from Page 1

loop on the vessel that beats along the 5th nerve where it enters the brain. Few hospitals in Montreal perform this surgery, which is one of Dr. Brem's specialties.

Research in the division by Dr. Colohan includes an investigation into blood vessel responses that occur after sub-arachnoid hemorrhage, in which the vessels constrict and the brain is deprived of blood. A grant from the hospital's Planning and Priorities Committee is helping to support this research.

There is a brain disorder in elderly people called normal pressure hydrocephalus which can be mistaken for Alzheimer's disease. Based on the results of a CT scan, a shunt is performed on patients which is effective in about half the cases. A very sophisticated EEG can measure certain brain wave activity while a computer blocks out the rest of the noise. With this procedure, Dr. I. Danys is developing methods to see a pattern and to determine which patients will improve.

Stroke research is one of the division's main strengths. With the division of neurology, (whose chief is Dr. Israel Libman) they participate in an international study to investigate arteriosclerosis, a major cause of strokes.

There are a number of research projects being done by the neurosurgery division in cooperation with other divisions such as pathology, anesthesia, ophthalmology, biochemistry, experimental medicine, and the neuro-oncology group at the Montreal Neurological Institute.

TEACHING ACTIVITIES

Dr. Brem supervises three graduate students, one of whom, Dr. David Zagzag, is a Ph.D.

student and winner of a Cancer Research Society fellowship who is conducting much of the research on angiosuppression. Dr. Susan Brien, recipient of the Bertha Mizne Fellowship in Vascular Research, will be using her training to establish a neurosurgical research laboratory in Halifax. Mr. Nicholas Morag is the third graduate student and he comes to the JGH from Rochester, New York, to work with Dr. Brem in the neurosurgical laboratory. "The presence of research fellows in the department creates a stimulating atmosphere for important research", observes Dr. Brem. The division of neurosurgery is actively integrated with McGill's department of neurology and neurosurgery where Dr. Brem is an associate professor; Drs. Irena Danys, Harold Rosen, former chief, and Austin Colohan are assistant professors.

This year the division formally became the fifth clinical teaching unit of the prestigious McGill Montreal Neurological Institute (MNI) program in neurosurgery. A McGill report, that reviews the program, paid special tribute to JGH's strong commitment to clinical and academic activities. This is an important milestone since the establishment of the division in 1968.

Residents from the McGill-MNI program spend six months of their five year residency at the JGH. They concentrate on areas in which the JGH is most advanced - neuro-oncology, vascular neurosurgery and spinal surgery. In addition to residents, students at all levels receive training in the division. Fourth year students can select a month in neurosurgery as an elective at the JGH. Dr. Brem lectures fourth year students in a multidisciplinary seminar on vascular disease.



In the neuro-science Research Lab. Seated l. to r.: Ana Maria Tsanaclis, Ph.D.; Dr. Françoise Robert, Marguerite Wotocek. Standing l. to r.: Dr. Steven Brem, chief of the division of neurosurgery, Dr. David Zagzag, Nicolas Morog.

Dr. Brem was invited this year to lecture on disease of the carotid artery at the Stroke Symposium sponsored by the McGill Centre for Aging, at the MNI's neurological grand rounds and at McGill's department of pathology seminar on atherosclerosis. Dr. Brem, who last year received the Royal College Medal in Surgery, has been appointed as a consultant to the National Institutes of Health to plan the direction of the Surgical Neurology Branch, and as a member of the Cancer Research Society of Montreal. He is the current chairman of the JGH Medical Advisory Committee.

JGH is represented on McGill's neurosurgical training committee (Dr. Brem from neurosurgery and Dr. Calvin Melmed, from neurology) and since 1985, a senior resident has been rotating through JGH's neurosurgical service as part of the McGill-MNI program.

NEUROSURGICAL INTENSIVE CARE

Critically ill patients in the neurosurgical intensive care have one of the most advanced neurosurgical intensive care units (NICU) in the city. It is not only technologically advanced, but it has a unique design that gives the patients and staff important advantages over traditional NICU's. Dr. Irena Danys is the medical director of the NICU and the only 'intensivist' in the McGill Neurological system. The unit has six beds, but because of budget restrictions, only four are in use.

The NICU was redesigned and enlarged three years ago, as a sophisticated nursing observation unit for special needs of neurosurgical patients. The nursing staff is specially trained in neurological monitoring. Former head nurse, Jacqueline LeBlanc, working with Dr. Brem, played a leading role in bringing about the changes to the unit.

One of the most innovative features is a new concept in NICU design, developed by Alex Sebe, head of JGH biomedical engineering department. In most NICU's, the patient's bed is against the wall where the services, such as electrical outlets, medical gases, suction, blood pressure cuffs, are located. Mr. Sebe's concept uses a 'pedestal' as the source of the patient's services. Without sacrificing space, Mr. Sebe has the pedestal bolted to the floor about a metre from the wall, behind the head of the bed, creating a 360° working space around the patient, and containing all the services needed by the patient. A monitor on the top provides the nurses with an unobstructed view. Each pedestal has two complete sets of essential services, so if there is a problem, the pedestal can be used by two beds, side by side. Nurses, the main users in the NICU, inhalation therapists and physicians were consulted in the design.

Innovation in NICU, together with sophisticated technology and highly trained specialists doing advanced research, ensure the high quality of JGH's neurosurgery service. Dr. Brem's goal is to continue the advances made by his division and to create one of the country's most advanced centres for neurosurgery.

E.K.

Special fund provides palliative care service



Francine Venne, palliative care nurse consultant.

The Shirley Berest Memorial Fund provides an important role in the care of JGH patients. It pays for the services of Francine Venne, a palliative care nurse consultant, who works with cancer patients to help them understand their illness and cope with its physical and emotional effects, thereby enhancing their personal sense of dignity. She is assisted one day a week by Barbara Anderson, an educational nurse consultant, who held the full-time position prior to Ms Venne.

One of the most important areas of Ms Venne's work is pain control. She says "pain is often influenced by factors other than the illness itself, such as fatigue or emotional and psychological distress, which often affects daily life, so we take a global approach to pain control". She begins by asking patients about the intensity and frequency and location of their pain, and sees the patient every day or two to learn the rhythm associated with the pain and other symptoms of the disease. Each visit provides more information that is useful to the patient, the family and the staff who are caring for the patient.

"Patients often think there isn't anything they can do to relieve the pain", says Ms Venne, "but we can work together to improve the quality of their life". She encourages patients to ask questions about their medication and its side effects, to talk about bad experiences they might have had with medication. She stresses the need to follow the drug program carefully.

Patient's responses help in discovering the reason for anxiety or distress. The cause can then be addressed and the patients may eventually feel more relaxed and secure. The family plays an important role in helping patients' awareness of their concerns. Ms Venne assists families in coping with the illness and in communicating with the patient. Often, she tells them, just listening and touching are most helpful. In dealing with a terminally ill family member it is important to act naturally, to be yourself.

The role of the family is an important one!

Some patients are better able to discuss their concerns with family members, as opposed to the staff. When the family understands how important this information is, they can help by bringing it to the staff's attention.

It is useful to have the family present during the initial assessment so they understand the goals of a pain control program and can continue with it when the patient is discharged. This may help keep the patient at home longer. Ms Venne keeps in touch with outpatients by telephone, so they have the reassurance of support and help even outside the hospital. After the death of a patient she may provide bereavement counselling to the family, or recommend the service of a social worker.

Ms Venne, who has been working with the terminally ill for eleven years, says that years ago the focus of care was pain control. Now the trend is to provide a multi-disciplinary approach to the patients' broader needs. Six months ago a "supportive care team" was established to assess these needs and to improve the quality of life for terminally ill patients. The team consists of a doctor, oncology pharmacist, nurse and a representative from the Hope and Cope program (an active group of volunteers who provide a variety of services to cancer patients) who meet weekly to discuss the patient from a holistic point of view and to make recommendations based on their different expertise. The team approach is particularly useful for patients who do not have a family or who are reticent in talking about their situation.

At least 20 new patients a month are referred to Ms Venne mostly from oncology, though some are from hemodialysis and orthopedics. She works closely with the unit nurses, social workers, house staff and liaison nurse, (particularly in planning the patient's discharge from the hospital).

Ms Venne's integral role at the JGH as well as that of Ms Anderson, is made possible by the Shirley Berest Memorial Fund, established by friends of Dr. Arthur Rosenberg, chief of the division of hematology, who administers the fund.

E.K.

New procedures in the cardiology division

The highlights of the past year in the division of cardiology focus on two new and related procedures for patients with clogged arteries.

The division has initiated a procedure called "aortic valvuloplasty" to treat a patient whose aortic valve has narrowed. A deflated balloon is attached to the end of a flexible tube, or catheter, which enters the patient in the groin, after the area is frozen, and carried through the blood vessels to the heart. The balloon is then inflated against the valve, opening the channel so blood can flow normally out of the heart to the body.

This new procedure was first done in Canada at the Jewish General in the fall of 1986. Prior to this, the only treatment available to a patient with aortic stenosis was an operation, an effective but risky procedure for the elderly and the very ill.

With the new procedure, the patient is awake through the two hour procedure and is able to walk the next day. Total time in the hospital is about three days, compared with a much longer stay for heart surgery.

The other relatively new procedure is coronary angioplasty (PTCA) similar to an aortic valvuloplasty in that it also uses a small balloon attached to a catheter. The coronary arteries are much smaller (about the size of a small pencil) so the balloons are much smaller. This procedure can be used for some patients that might otherwise have had bypass surgery, avoiding a long incision in the chest and legs, a hospital stay of between ten days and two weeks, and the risks of open heart surgery.

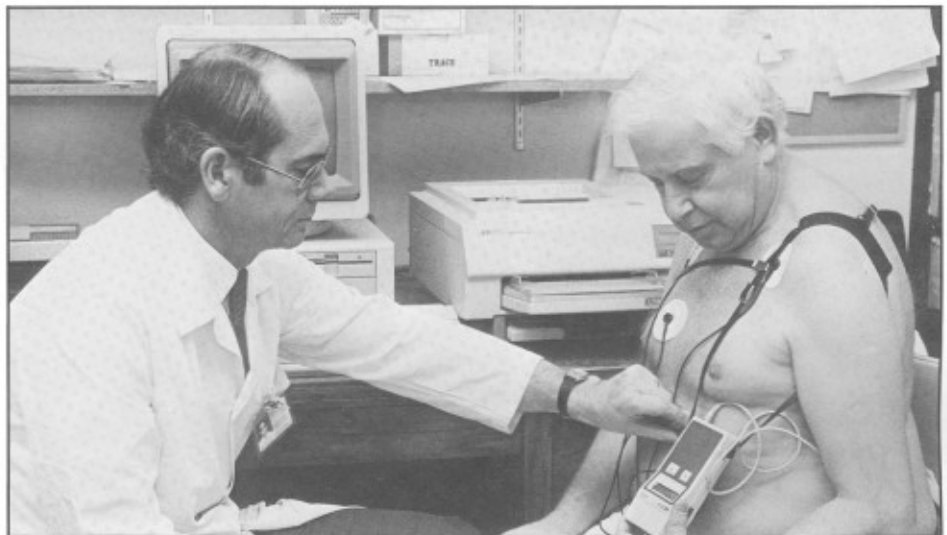
Dr. John McCans, chief of the division of cardiology, says there are extensions of these procedures on the horizon that will make them practical for more people. One that is attracting the most attention, Dr. McCans explains, is the use of a laser.

Lasers might be used when the coronary artery is completely blocked. A laser beam would be delivered through a very fine glass fibre, burning a path through the blockage through which the balloon could then be passed. This procedure would then be an adjunct to angioplasty.

There currently are some technical problems with the laser technology in that it is difficult to direct the beam precisely, and there is a risk of perforating the wall of the narrow blood vessel. For this reason, the laser technique is still in the experimental stage.

REORGANIZATION

The division has achieved greater efficiency with the reorganization of the coronary care unit and the post-coronary beds, which now function as a single unit. The coronary care unit treats patients who have had a heart attack or unstable angina or who have life threatening heart rhythm disturbances. Post-coronary care beds, for patients who are stable, were scattered throughout the hospital, causing some difficulty in delivering the kind of care the patients needed. Now the beds are adjacent to the coronary care unit on 2 Main.



Dr. John McCans, chief, division of cardiology, examines patient wearing holter monitor

This has allowed for a single team of doctors - interns, residents, attending cardiologists to look after patients in both areas, creating continuity in patient care and providing a clinical teaching unit for training. This has resulted in better patient care, more efficient use of beds and an improvement in the quality of teaching.

RESEARCH

In laboratory research, the most significant advance has been the establishment of a lab in the Lady Davis Institute by Dr. David Langleben, a recent arrival in the division. He is carrying out state-of-the-art work on problems that affect the circulation to the lungs. He has been successful in growing tissue culture cells from the blood vessels that line the lungs and other cells from the lung tissue and he is studying how these cells respond to some of the stimuli that may result in the disease of some of these blood vessels. Dr. Langleben is also involved in research in collaboration with other institutions in the McGill system.

Dr. McCans has also established a research lab in the Lady Davis Institute. The main thrust of his work is to measure the levels of various hormones, specifically adrenalin, in patients who are either severely ill in the intensive care unit, or who are receiving certain medications. Dr. McCans wants to determine the effects of the medications on the hormone levels. He is also working in cooperation with the department of anesthesia to measure the morphine levels of patients during anesthesia.

The department is involved in a wide range of clinical research projects, some large multi-centred trials, and some based only at the JGH. Members of the division of cardiology are investigating the effects of a new drug called streptokinase that is used to dissolve clots in the arteries of people who have had a heart attack. It is a question of timing. A heart attack is caused by a blood clot forming in the coronary artery and blocking the blood supply to a portion of the heart. If the clot can be removed within four or five hours, then the damage to

the heart can be lessened. Streptokinase, an example of a group of agents that is known to be effective, is injected into the vein to try and dissolve the clot. Dr. Langleben also is assessing its effects on certain cells in the blood. As a side effect, the medication will dissolve a blood clot that serves a useful purpose in preventing bleeding. The research is attempting to understand the unwanted side effects and to control them.

Drs. Leonidas Dragatakis and Robert Schlesinger are collecting data on the patients who are involved in the new techniques, particularly aortic valvuloplasty, in order to know when it will be most effective. They also are initiating studies of drugs aimed to improve the long-term results of PTCA. Dr. Dragatakis is playing a lead role in research projects designed to come to a better understanding of how the arteries and veins in the heart and lungs respond to various interventions and manoeuvres.

A study has recently been completed to determine the effects of a medication called 'diltiazem', one of the most effective drugs in treating angina. The purpose of the study is to determine whether this drug can protect patients who have had a heart attack from having another one, or dying prematurely. Forty hospitals in Canada and the United States took part in this five year study, involving 2,500 patients. Data from this study is now being analyzed.

The JGH is involved in another study, of the same magnitude, that will help determine the effects of a drug, captopril, on the outcome of patients who have had a heart attack. For the past eight months, the division has been involved in a study of the effects of aspirin and the drug, heparin, another drug that prevents the blood from clotting. The purpose of this study is to determine if either or both medications will be beneficial in patients with unstable angina. The project will be completed by the end of the year, and has been particularly important not only for the information that will result but

because it has been a collaborative effort among doctors, nurses and individuals in the pharmacy, emergency room, hospital laboratory and coronary care unit. Dr. McCans believes its success is due to their cooperation.

Dr. McCans, and cardiology research nurse Eileen Shallot are working with the instrument company Hewlett-Packard to develop a new system to monitor patients heart rhythms while they are at work and at home. The system is called ambulatory, or Holter monitoring. The patient wears a device around the waist that uses a mini-computer to record and store abnormal heart rhythms. After 24 hours, the device is connected to a desk-top computer and the heart rhythm abnormalities are displayed on the screen. The device is useful in determining if these heart rhythm abnormalities are the cause of certain symptoms. It can also help determine the effectiveness of medications by monitoring the heart before and after treatment. The Holter monitor costs about \$7000 each, and six have been in operation at the JGH for only a few weeks.

Dr. Paul Latour is involved in several multicentre trials to determine the effectiveness of new medications such as enalapril and amiodarone in patients who suffer from heart failure.

TEACHING ACTIVITIES

Medical students from McGill who are doing an elective in cardiology, are continuously in the department, on the consultation service and in the coronary care unit. Residents come to the department during their internal medicine training either on the consultation service or in the cardiac catheterization laboratory; and cardiology residents do electives at the JGH.

Interns and residents are included in the weekly cardiology rounds. In the past year, a series of seminars was initiated to allow a discussion of research being done in the division. Physicians from other institutions in Montreal and other cities also are invited to take part.

The cardiology physicians often participate in combined seminars for all the McGill teaching hospitals. Most of the full-time physicians present their research or a review of current work at a lecture or seminar within the city or at national and international conferences. The JGH has earned a prestigious place at these events.

E.K.

Coronary Rehabilitation Co-chairman

Cardiologist Dr. David Langleben has joined the coronary rehabilitation team as co-chairman of the program, along with family physician Dr. Michael Dworkind.

This program, unique to the Jewish General Hospital, is a multi-disciplinary approach towards helping the cardiac patient modify his lifestyle, reduce his risk factors, and return to a full and active life.

The Department of Family Medicine

The Herzl Family Practice Centre, a major activity of the department of family medicine, has reached maturity as a multi-disciplinary family health clinic, with a full range of comprehensive family health care services. The 13-year old centre, which celebrated its Bar Mitzvah this year, was created in 1974 by the integration of the Herzl Health Centre into the Jewish General Hospital. It occupies a prominent place in the history of Canadian family medicine.

The centre cares for people of all ages (about 18,000 visits in the past year) and includes obstetrics, gynecology, pediatrics, adolescent medicine, behavioural medicine and geriatrics, a full range of health care, from prevention and health promotion to diagnosis and treatment.

A multi-disciplinary team approach to patient care is the overriding philosophy. For example, social workers, nutritionists and psychologists are important members of the team, though recent budget cuts have reduced the numbers of social workers.

Excellent cooperation and help with training are provided by the hospital's gynecology and obstetrics department, which offers consulting services in Herzl and, when needed, at births. At Herzl, the pregnant women and family receive the best of comprehensive care, and increasing numbers of infants and children use the centre for health services. Herzl's maternity service has a national reputation in training family doctors. This is due largely to the innovation and efforts of Dr. Michael Klein, the director of the Herzl centre and chief of the department of family medicine. He is a prolific writer, with about 50 published papers, and is the recipient of numerous research grants and awards, among them the College of Family Physicians of Canada award for best article in 1986 in *The Canadian Family Physician* entitled: "The Canadian Family Practice Accoucheur".

Herzl's Teenage Health Centre, established by Dr. Michael Malus in 1983, is directly geared to the physical and emotional needs of teenagers. More adolescents are attracted to Herzl as a result of outreach activities such as a program of school visits where physicians discuss issues of concern to teenagers, and maintain a hotline for all types of problems.

DIVISION OF GERIATRICS

Twenty-five percent of Montreal's Jewish community is over 65 (compared to 10% in the rest of the community). The department of family medicine serves this population through its links with the division of geriatrics. Dr. Mark Clarfield is chief of the division, which is administered jointly by the departments of family medicine, internal medicine and psychiatry. Among the services for elderly patients there are multi-disciplinary consultation teams which help ensure that seniors receive the most appropriate care.

One geriatric activity comprises an in-hospital team which makes recommendations to help the elderly to live as comfortable, active and independent a life as possible, either in the hospital or in the community. As a result, increasing numbers of patients have been discharged to foster homes or to their own homes. A second is a multi-disciplinary geriatric assessment team, led by Dr. Reuben Becker, which sees people before they are admitted in order to ensure that they are placed according to their needs. The psychogeriatric clinic, directed by Dr. Harry Grauer, is a specialized consultation service for ambulatory patients where the emphasis is on bio-psychosocial assessment with follow-up treatment by physicians in the community, once patients are stabilized.

LINKS WITH THE COMMUNITY

Herzl's links with the community help in pro-

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A meeting of one of the patient care teams at the Herzl Family Practice Centre. Left to right: Leatrice Kaplan, social worker; Lorraine Robert, nutritionist; Isabel Monaco, team co-ordinator; Sabina Finestone, laboratory technician; Pauline Lam Po Tang, nurse practitioner.



Faigie Adelman, director of administrative services, Herzl Family Practice Centre, chats with Dr. Michael Klein, chief of the department of family medicine.

viding a full range of health services to meet the physical and social needs of the population it serves. For example, the Herzl provides medical back up for a community drug rehabilitation program guided by Dr. Sydney Feldman, and medical care for unwed mothers and their babies at Elizabeth House in N.D.G.

There are growing ties between the Cote des Neiges CLSC and the Herzl Family Practice Centre. After several years of collaboration, the CLSC will soon be designated as a 'teaching CLSC' for undergraduate and postgraduate training in family medicine, with Dr. Klein and Dr. Michael Dworkind, medical director of Herzl, functioning as co-directors.

THE EARLY YEARS

In 1912 a large house on St. Dominique Street was the home base of the new Herzl Dispensary, a clinic to treat the poor in Montreal's Jewish community. Almost immediately, a larger building was needed and the dispensary moved to St. Urban Street. Treatment was free, but for those who could pay, an examination cost ten cents, drugs five cents.

The Herzl Dispensary was the early training ground for Jewish doctors who needed practical experience but who had no place to train. It operated in the way that CLSCs now do, as a community health clinic. Planning for the development of the JGH began among Herzl Dispensary medical staff who realized that they would need their own hospital eventually.

The dispensary moved again in the 1920s and became the Herzl Health Centre, and moved again in the 1950s to Decelles Ave. When it settled in the JGH nurse's residence in 1974, the first graduates of the residency program emerged - among them Stan Heisler, Paul Caron, Gary Rosenthal, Irving Burstein, Marcus Beiger, Michael Dworkind, Sheldon Elman, Larry Morris, Moses Levine and Arnold Zylbergold, who have since become active members of the department of family medicine.

In 1974 the Herzl Family Practice Centre was the founding academic centre for McGill's newly created department of family medicine. At that time, Dr. Isaac Tannenbaum, who had been the centre's guiding force and first director, became the first academic appointment in family medicine at McGill. He soon fulfilled his intention to return to private practice, and then Dr. Michael Klein was appointed chief of the department and of Herzl in 1975.

TEACHING ACTIVITIES

Herzl plays an important role in teaching family medicine physicians. This year 23 residents are following a two-year training program and their numbers will soon increase dramatically when the current rotating internship ends in July 1988. In this critical period of expansion, new ways to train family physicians will need to be found, such as family medicine residencies based for their ambulatory training in private offices, in smaller hospitals or in an expanded CLSC program.

Of the 120 residents who have trained here since 1974, half are still in Montreal and the others are scattered across the province, Canada and abroad. A third of the graduates chose to establish rural practices even before Bill 27 (legislating a period of practice in underserved areas). Dr. Cheryl Levitt is in charge of the residency training program and serves as a role model since she herself was recruited from a rural practice.

Among the teaching activities is an innovative program in behavioural science training in which residents can learn skills such as interviewing techniques and common types of counselling. Interpersonal aspects of family care are an integral part of the family medicine training program. Drs Morrie Golden, Yvonne Steinart and Judy Fish are the psychologists who make up the core of the behavioural science group.

A computer system in the department has been provided by the estate of Dr. Louis Rosenberg through the Jewish Community Foundation of Greater Montreal. Designed for the improvement of patient care, teaching and research, it provides a profile of the residents' training and alerts the faculty to procedures to which the resident may not have been adequately exposed. It also is used for keeping track of patient demographics, medications, procedures and problems among other data. The information is used in Herzl's quality assurance program, chaired by Dr. Vanya Jimenez.

The Herzl Ambulatory Internal Medicine Program (HAIM) is a unique example of cooperative training in the consultative process between residents in family medicine and internal medicine. Learning to share care in complex medical problems offers an important training for practice in the community. This program is run by Drs. Feldman, Frank and Rizzo.



Dr. Roland Grad

The overall educational commitment is increasing all the time. For the first time all third year undergraduate medical students at McGill must take a six week clerkship in family medicine/geriatrics/community medicine. Before this, exposure to family medicine was optional. As well, the number of post graduate residents in training has more than doubled from 1972/73. Half of these come from McGill, the other half from across Canada with one from Iceland.

In 1975, Dr. Michael Klein was the first member of the JGH medical staff to be appointed full time at McGill and the first to become a tenured full professor. Now there are many Herzl physicians on staff at McGill, including one full professor; three associate professors; 24 assistant professors; and 9 lecturers.

HOLISTIC APPROACH

The expertise of all JGH departments is available to patients at the centre, if needed. As well, Herzl nurse practitioners are key members of the team. They may carry out examinations and assessments, working closely with the team of physicians, helping them use their time to best advantage. They also provide patient education, counselling and information, which contributes greatly to the holistic character of medical care at Herzl. Nurse practitioners make up the essential backbone of the clinical team and contribute to the continuity of care of all our patients.

E.K.

Community Service Award



Congratulations to Dr. Rubin Becker and the staff of the Community Geriatric Assessment Unit for having won the annual Allied Jewish Community Services 'Community Service Award'. This award is given to an innovative program which has proven itself over a period of years within the Jewish Community for outstanding merit, community understanding and achievement in service to the community.

Seated l. to r.: Dr. Mark Clarfield, chief of the geriatric division; Dr. Sylvia Windholz, Mimi Shugar, physiotherapist; Sandy Feldman, secretary; Dr. Howard Bergman.

Standing l. to r.: Dr. John Deliakis, Caryn Letovsky, occupational therapist; Dr. Rubin Becker, director of the CGAU; Marlene Levine, nurse clinician/coordinator; Susan Freeman, nurse clinician; Tsyvie Steinberg, Social Worker and Esther Gomolinsky, volunteer.

Pulmonary service committed to research

Physicians on staff in the pulmonary division maintain a continuous program of research into new treatments for lung cancer and respiratory problems, in addition to a heavy patient load and teaching activities.

Dr. Harvey Kreisman, chief of the division, and an expert in the field of lung cancer, has been working with an American based national cancer study group in a multi-centre study involving dozens of U.S. hospitals and the hospitals of the McGill system. They are examining new treatments for various cancers. The magnitude of the study means that results are possible in months, that might otherwise take years if the studies were conducted at single centres. The coordinated approach to research allows more sophisticated laboratory studies and a broader representation of patients.

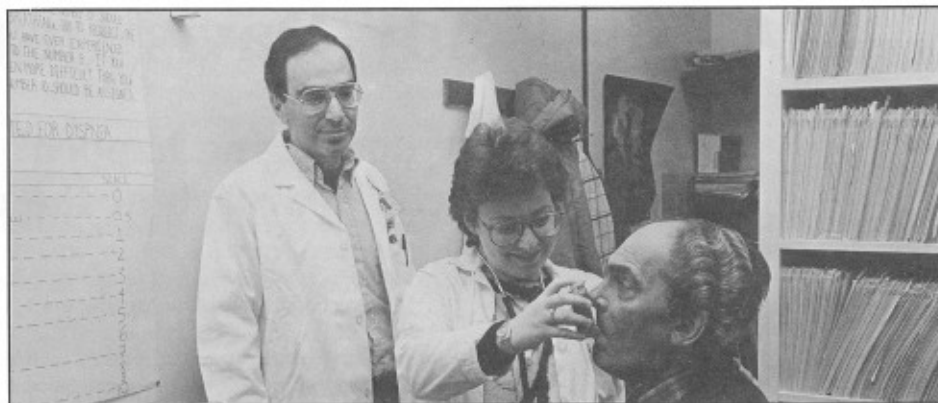
Within the JGH are several research projects. One of the most important studies is on dyspnea (shortness of breath) carried out by Dr. Norman Wolkove. Working with Dr. John Smith, last year's research fellow in the division, he examined patients' impressions of their own breathing patterns. For example, after running, a person may be huffing and puffing, but not necessarily short of breath. Under other less strenuous circumstances, a person may feel short of breath without labored breathing. Drs. Wolkove and Smith were interested in understanding the messages that the lungs are sending. To do this, they tested a group of professional wind instrument musicians to see if they could perceive their respiration better, and indeed they could. The results were presented at a recent conference in Atlanta, Georgia.

At the same conference, results from another JGH project were presented. It dealt with a person's pattern of breathing while eating. In the past, it has been difficult to measure breathing while a person is eating, because the test involved the use of a tube in the patient's mouth that made eating impossible. There is new technology available that monitors breathing using bands across a patient's chest. The research may, in the future, shed light on the mechanism that makes patients with severe emphysema short of breath while they are eating.

Results were presented of another project that examined the response to bronchodilators in patients who are on ventilators in the intensive care unit. This project also required the use of new technology since ICU patients are too ill to do standard breathing tests. Dr. Laporta, who led the study, was looking at ways to measure the state of a patient's bronchial tubes and lungs while on ventilation therapy.

The division recently completed a research project that looked at the effect of caffeine on a test for asthma. One type of test for asthma requires patients to inhale histamine (an irritant) which will induce a reaction if they are sensitive to it. Prior to this test, patients were allowed to consume caffeine, which is known to improve the condition of bronchial tubes. The study showed that taking caffeine, in a dose equal to three cups of coffee, had no effect on the bronchoprovocation test.

A lung cancer pathology project is underway to find a way of determining whether cancer



Dr. Kreisman observes as research nurse, Esther Dajczman, performs spirometry on a patient to study the effect of medication on his lungs.

of the lung began there, or elsewhere. Among the places it may have begun is the colon (the large bowel). The study is trying to differentiate between the two types of cancers by using certain antibodies to stain the lung tissue. Under a microscope the two look the same, but when a special dye is added, the malignant tissue that began in the lung may stain differently from malignant tissue that began in the colon.

This study and a similar study are underway in cooperation with Dr. Marie Brisson, chief of the JGH pathology department, and Dr. Abe Fuks of the McGill Cancer Centre. Mesothelioma is a rare cancer of the pleura (lung lining) that occurs in patients that have had exposure to asbestos. Using antibodies to stain the tissues, it may be possible to determine if the cancer began in the lung or in the pleura.

In cooperation with the emergency room, there are studies underway on the acute treatment of patients with asthma. One project which studied the efficacy of two different drugs, was completed earlier this year and the results published in the American Journal of Medicine. This project was unique in that the universities of Toronto and British Columbia were involved, as well as two hospitals in Vancouver and one in Toronto.

A current study with the emergency department involves only JGH patients. It is a comparison of two types of treatment for patients who come to the emergency room with an acute asthma attack. The standard technique of administering medication every hour or two is being compared with another technique of administering the medication as a continuous aerosol medication administered by bubbling oxygen through water that contains the same medication as the metered dose inhaler.

COLLABORATION WITH MT. SINAI

JGH Dr. Carol Cohen, recently appointed chief of pulmonary medicine at Mount Sinai, divides her time between the two hospitals. The JGH and Mount Sinai cooperate in patient care and research but offer distinctly different types of patient care that complement one another. Mount Sinai is a 115 bed intermediate care chest and chronic care facility that provides patients with special respiratory care, whereas the Jewish is an acute care general hospital.

TEACHING ACTIVITIES

All six physicians in the division have teaching appointments at McGill. Dr. Harold Frank is a full professor, Drs. Kreisman and Wolkove are associate professors and Drs. Cohen, Laporta and Fox are assistant professors. Dr. Kreisman is also associate professor at the McGill Cancer Centre.

In addition to medical students, residents and interns, the division trains chest residents in their sub-specialty. The research fellows at JGH interact with other fellows at McGill hospitals and at Meakins-Christie, McGill's respiratory research laboratory, which Dr. Kreisman considers to be one of the best in the world.

Last year's JGH fellow was Dr. John Smith who came here from Ireland (after a time in Cincinnati) for further specialized respiratory research, particularly control of respiration and asthma therapy. This year the JGH fellow in the pulmonary division is Adel Ghonem, from Zagazig University, near Cairo, Egypt. He is involved in lung cancer pathology research. Dr. Ghonem is being sponsored by the Egyptian government.

The number of patients continues to increase and the division's laboratory service is busier than ever. In particular, an increased number of AIDS patients has created a need for an additional bronchoscope (\$10,000) a device that helps diagnose the cause of certain lung infections in AIDS patients, because the sterilization techniques required take more time.

In addition to their clinical, research and teaching activities, the physicians have a number of other responsibilities. Dr. Wolkove recently organized a course for a select group of about 35 physicians throughout the Montreal area. Dr. Frank is physician-in-chief of the hospital and chairman of the Medical Executive Committee and Dr. Cohen is chief of pulmonary medicine at Mt. Sinai Hospital. Dr. Laporta is assistant director of the intensive care unit and Dr. Kreisman is chairman of the McGill Lung Cancer Committee and sits on a number of national and international groups for the treatment of lung cancer. Their involvement and dedication are the strength of the department.

E.K.

At the Lady Davis Institute...

How does aging happen? A molecular genetic approach at the cellular level

By Dr. Eugenia Wang Director, Bloomfield Centre for Research in Aging.

Aging, a complex phenomenon yet an intimate experience of every living individual, has become increasingly familiar to us as health advances drastically cut down the incidences of infant mortality and acute infectious causes of death. In this last quarter of the 20th century, demographic data indicate that the age group older than 65 years is 10 percent of the population and ever increasing. We as a whole must learn how to deal with new problems developing because of increased life expectancy at birth (from 47 to 74 years).

Statistical and medical conceptual models have often contained the simplistic assumption that if all disease and all accidents were eliminated, there could be no death. In other words, if all problems preventing old age were solved, we would then live forever. Such assumptions have been maintained with unconscious wishful thinking despite abundant evidence to the contrary. In fact, numerous lines of evidence indicate that the lifespan of any species is genetically determined. For example, the average human lifespan is estimated at approximately 85 years, with a standard deviation of plus or minus four to five years and an extreme of 113 years. Therefore two points need to be clarified: (1) our maximal lifespan is genetically predetermined, and (2) no fortunate individuals can outlive the natural laws of the finitude of this lifespan.

It then becomes obvious that studies on aging can be most rewarding in terms of how to extend the individual lifespan to the maximal species lifespan (can everyone live to 113 years?) and how to improve the quality of the later years of life. Based on these two "how's", an enormous field of aging research has been developed in the last two decades, which may be classified into four categories: the biological, medical, psychological and social sciences. The biological sciences are interested in understanding the basic mechanisms of aging, trying to analyze this inevitable and universal process at the cellular and molecular levels. The medical sciences deal with clinical studies of age-associated disease; the psychological sciences study changes in behavior associated with aging; and finally the social sciences deal with problems of an aging human population. After careful assessment of the expertise and background of our research staff and our resources, I have chosen to focus the research plan of The Bloomfield Centre for Research in Aging on the biological sciences, and in particular to use the aging process in cultured cells

as our experimental model system. In other words, the cellular aging process will be the major theme of our investigations.

At this point let me review the present status of research progress in cellular aging, a field sometimes referred to as 'biogerontology'. In 1957, Swim and Parker reported that normal human fibroblasts growing in a laboratory dish have a limited lifespan, thus indicating that cells, like entire organisms, are mortal and susceptible to aging. Subsequently, in 1965, Hayflick suggested again that the limited replicative potential of human cells in a culture dish is the expression of senescence at the cellular level. Cultured human fibroblasts have since become the most widely studied cellular model of aging.

In the last twenty years, much work has been pursued to define 'what is an aging cell', and 'what properties set aging cells apart from younger cells?' Very little, however, has been done to investigate how cells become aged, or in other words, 'what is the genetic mechanism underlying the aging process?' With recent advances in biotechnology, the aging field has within the past three years made a quantum leap in research on understanding mechanistically how aging happens. Our laboratory, along with several others, has proposed that the aging process does not consist (as previously conceived) of random deterioration events, but rather is controlled by a precisely coordinated genetic program.

To use a familiar example, to stop a moving car at a traffic light involves active coordination of ceasing acceleration and braking at the same time. In other words, the driver controls the forward motion by both removing pressure from the accelerator pedal and activating the braking system by putting his foot on the brake pedal. Once one accepts this hypothesis of deactivation of the propelling mechanism and activation of the braking mechanism, one may then conceive that counteracting Yin-Yang mechanisms are in control. Recent research indicates that precisely such a genetic Yin-Yang mechanism is in control of the processes of growth, development and aging.

Thus, there exist Yang-specific genes promoting cells to grow without aging, and also Yin genes whose products halt the cells from growth and produce aging. There are many examples of Yang genes, such as the oncogenes related to cancer oncogenesis, and those producing growth-promoting hormones. But what about Yin genes? So far there are very few

examples in this area. A few years ago my laboratory identified statin, the protein product of one of the first few examples of this family of genes. Statin is found in aging and other growth-arrested cells; it is present in all tissues at the final stage of development, and the abundant expression of this gene increases with age. Our research on statin also indicates that once it is expressed, the Yin gene is a dominant gene. In other words, preventing cells from continuing growing, and inducing them to enter senescence, is a dominant and irreversible genetic event, just as at a stop light the stopping effect of power brakes surpasses the forward moving effects of a car's momentum, motor and automatic transmission.

Now you may ask, what triggers the initiating of the braking mechanism? This question, precisely, is our present research focus. That is, what molecular mechanism activates statin gene expression? Using statin as an example, we may come to understand how the aging process is initiated in cells; once we understand how a normal cell ages, we may then extrapolate the information to the aging process of the whole organism.

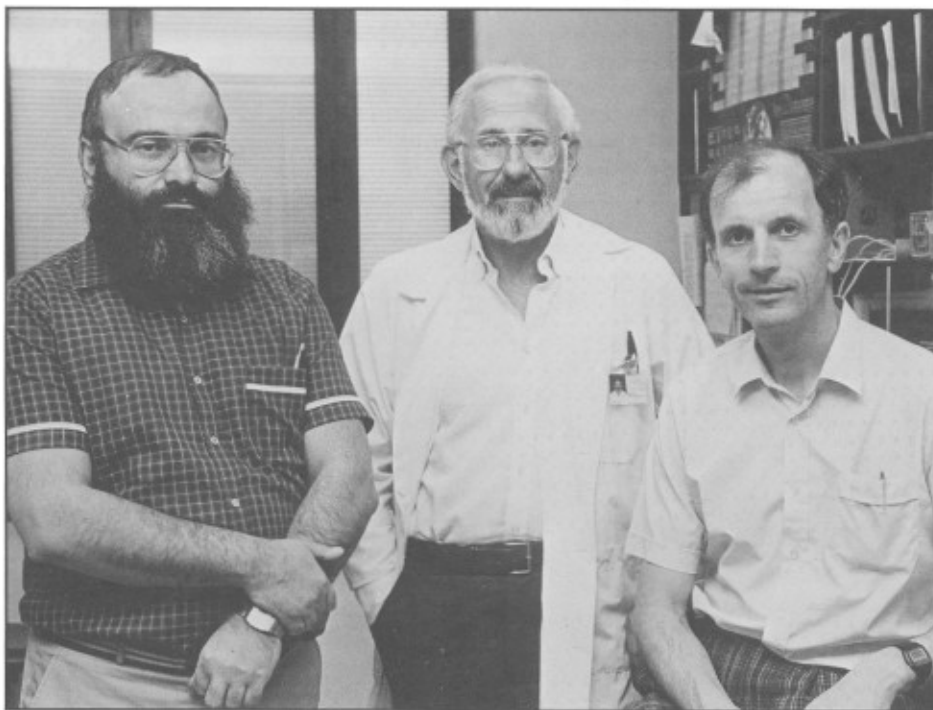
The research plan for The Bloomfield Centre for Research in Aging is to build a solid group to study the normal process of aging, using the aging cell in culture as a model, with the hypothesis of a dominant Yin-oriented genetic mechanism for the aging process as the major theme. Once investigation on the normal aging process is under way, we will attempt to expand into two obvious aging-associated disease situations. For example, we will commence an investigation of possible genetic mechanisms underlying familial cases of Alzheimer's disease (which have been observed in high incidence here in Quebec). Additionally, we will approach the problem of the high incidence of cancer in the aging population. We will focus our research on genetic aberrations during aging which seem likely to allow cancer to occur. (After all, the only two alternative destinies of growing cells are either senescence or cancer!). The emphasis on the molecular genetic approach as our major research theme is due to the fact that the future of aging studies depends on increased mechanistic understanding of how and why we age. Thereafter, means to improve the quality of life and to extend the lifespan to its maximum may be within our reach.

Dr. Wang at L.D.I.



The hospital welcomes Dr. Eugenia Wang who has come from Rockefeller University to join the Lady Davis Institute staff as Director of the Bloomfield Centre for Research in Aging. The centre is developing a program of research in the process of aging and some of the diseases associated with old age. Dr. Wang has been involved in the study and comparison of cells in tissue culture, and recently discovered a protein, called statin, that appears to serve as a marker that cells have become "aged". The Bloomfield Centre, linked with the McGill University Centre for Age and Aging, is being funded through the generosity of the Eldee Foundation, headed by Mrs. Neri Bloomfield, which has contributed to the construction program and is providing seed money for operational costs for five years.

Welsh Pediatric Endocrinologist Visits LDI



Professor Ieuan A. Hughes (right), department of child health, University of Wales College of Medicine, Cardiff, recently visited the Lady Davis Institute for Medical Research Genetics Laboratory headed by Dr. Leonard Pinsky (centre). Dr. Pinsky is professor of pediatrics, human genetics and biology at McGill, and director of its Centre for Human Genetics. He and Morris Kaufman, Ph.D., (left) have collaborated since 1972 on a research program whose aim is to understand more about how male sex hormone works. To help achieve this aim, they and their team of graduate students and research assistants study laboratory-grown cells from male human beings who carry genetic mutations that prevent

male sex hormones from working normally. Professor Hughes, a comparative newcomer to this field, came to learn about the newest techniques and concepts in the LDI laboratory, and to share his unpublished experience. His two-day visit to the LDI was preceded by one to the Whitehead Genetics Institute of Cambridge, Massachusetts, and was followed by another to the department of pediatrics at Cornell University in New York. Part of his local visit was spent in discussions with Dr. Pinsky on a chapter, entitled "Sexual Differentiation", that they are co-authoring for the second edition of a major textbook on pediatric endocrinology that will be published by Raven Press in 1988.

Ethicist appointed



Dr. Benjamin Freedman

Executive director, Archie Deskin, is pleased to announce the appointment of Dr. Benjamin Freedman as clinical ethicist. He will be in residence part time at the JGH to provide guidance on ethical issues such as those arising in the treatment of the terminally ill, incompetent patients and assisted reproduction.

Dr. Freedman's primary appointment is as associate professor at the Centre for Medicine, Ethics and Law of McGill University where he holds appointments to the departments of medicine, humanities and social studies in medicine and philosophy.

At the hospital Dr. Freedman will be participating in several related committees. An Ethics Committee, under the chairmanship of Dr. Mark Clarfield, will be in place early in the new year and will include, but not be restricted to, persons reflecting the perspectives and expertise of medicine, nursing, psychiatry, social services, ethics, administration, law, the hospital chaplaincy and the hospital board.

Dr. Freedman, who was born in the United States, earned his masters degree and doctorate in philosophy at the City University of New York in 1975, and did post-graduate studies in psychoanalytic psychotherapy at the Washington Square Institute. Before coming to Montreal, he was associate for bioethics at the Westminster Institute for Ethics and Human Values in London, Ontario.

Dr. Freedman is a member of the Law Reform Commission of Canada's protection of life project, and was, in the summer of 1986, Inaugural Visiting Scholar at the Sir Immanuel Jakobovitz Centre for Jewish Medical Ethics, Ben-Gurion University School of Medicine. A prolific author, Dr. Freedman has published over 60 papers.

New approaches to speech and hearing dysfunctions

One of the recent developments in the department of audiology and speech pathology is the method of counselling patients with impaired hearing. The staff has changed its approach and now takes more into consideration the patient's concerns about the look of a hearing aid, the cost, the patient's self-esteem and other factors that determine how effective a hearing aid will be, and whether or not the patient is motivated to wear it.

The changes in patient counselling came about as one outcome from a quality assurance study on the effectiveness of care for patients requiring a hearing aid for the first time. The eight month study, completed this past fall, provided important clues about the social and emotional reasons why certain groups of patients were not following the audiologist's advice.

Some of the recommendations were implemented immediately. For example, the department provides a visual display of hearing aids so patients can see the different devices and make a choice based on cosmetics as well as need. The staff has developed a questionnaire to help establish patient satisfaction and management of the hearing aid and need for other assistive devices.

One alternative or supplement to a hearing aid is the newly established aural rehabilitation program for people with varying degrees of hearing loss. Patients will meet in a series of weekly group sessions to discuss their problems and how to deal with different situations. They will learn the facts on hearing loss, speech reading, coping and communication strategies.

Speech reading is an important part of the program where the patient becomes aware of the importance of lip-reading, gestures and facial expressions, strategies for using light to best advantage and other aspects of face-to-face communication.

The majority of work in audiology is devoted to hearing testing to measure the extent and nature of hearing loss. During the hospital's current construction program, most of these tests are being carried out in a sound proofed trailer unit attached to the main floor of the hospital. However, in this trailer unit, it is not possible to evaluate patients with hearing aids. Therefore, during this interim period, one of our audiologists is conducting this type of evaluation at McGill's School of Human Communication Disorders. Auditory brain stem response testing is a highly sensitive test to differentiate site of lesion of pathology: this is conducted in the JGH day hospital.

Audiologists and speech pathologists provide in-service to the otolaryngology department and consultation to geriatrics and other wards. They see patients with degenerative diseases, such as Parkinson's disease or amyotrophic lateral sclerosis (Lou Gherig's disease) to help patients make the most of the communication skills they have, and to provide augmentative communication aids.

Stroke rehabilitation plays a major role in the speech therapy division. A speech pathologist

is a member of the stroke team, an interdisciplinary rehabilitation group. The department has prepared a poster on "communication problems following stroke", a washable wall chart about 22" x 40" that is being sold by the department to facilities across Canada.

There are several other programs in the department, for example, a study on laryngectomies is being conducted in cooperation with the Montreal General Hospital to examine a new procedure called "tracheo-esophageal puncture" in which a prosthesis is inserted between the trachea and esophagus. In the division of child psychiatry, a large network of volunteers, who have shown an interest in speech, work with a staff speech pathologist to help children improve their speech and language skills.

A program for adult stutterers has been very successful in helping over 150 people. This intensive three week course with follow-up maintenance sessions is being conducted seven times a year, and is the only such intensive program in Quebec. A presentation about the program and ongoing clinical research was made in Halifax this year to the Canadian Association of Speech Language Pathologists and Audiologists, whose members showed a great deal of interest in this form of therapy and its

results.

All JGH audiologists and speech pathologists supervise McGill students in the two year masters program in the School of Human Communication Disorders. Medical residents in otolaryngology spend two days in their first term and two days of their second term in the department. The department also participates in the auxiliary's Hospital Opportunities Program for Students.

A student from the University of Alberta spent a summer internship in the JGH audiology and speech department, and students from the University of Montreal have come to learn about the stuttering program. In addition, practicums are offered to students coming from SUNY in Plattsburgh.

The department has grown steadily and in the past year there were about 4,100 patient visits in the speech division and 3,800 in audiology. When the new wing is finished, both the speech pathology department (now located on the fifth floor) and audiology will be together with the ear, nose and throat department in the new pavilion. This will mean greater efficiency for the departments and better access and convenience for patients.

E.K.



Speech language pathologists (SLP) and audiologists. Seated left to right: Glenda Falovitch Madar (SLP); Bernice Mendelsohn, department director; Elaine Wohl, (SLP). Standing left to right: Joyce Stein, audiologist; Hannah Cohen (SLP), Anita Silverman (SLP), Carmen Segreti, secretary; Marla Stamer-Drori, audiologist; Christiane Provençal, audiologist. Absent: Rosalee Shenker, Ph.D., (SLP); Yolaine Hernandez, audiologist.

Dr. Papageorgiou, Continued from Page 1

Dr. Papageorgiou is proud of the treatments which have been introduced at the JGH and of the research done at this institution, including studies on the control of breathing in collaboration with Dr. M. Bureau and neonatologist/pharmacologist, J.V. Aranda of the Montreal Children's Hospital.

He travels extensively, responding to invitations from all over the world to discuss his work, and frequently receives visits from colleagues who wish to observe. The neonatal intensive care unit has proven to be a popular place for McGill University intern and resident training. In fact, Dr. Papageorgiou received the 1987 Osler Award from the students of the McGill senior medical class who voted him the teaching member of the faculty of medicine who contributed most to their medical education.

Ten fellows who have trained in the department over the years now hold key positions as neonatologists in universities throughout North America and abroad. These individuals have made important contributions to the JGH active clinical research programs, and have presented many papers at international meetings.

Dr. Papageorgiou appreciates all the help and support given to the unit. "Many individuals and organizations in the community have made generous donations, allowing us to maintain the high standards without which we couldn't achieve what we achieve", he says. The Pollack Foundation, through the good offices of former chief, Dr. Sidney Pedvis, pioneered in helping to develop the neonatal intensive care unit with impressive contributions towards fellowships and equipment. He also gratefully acknowledges the constant support of the hospital's administration.

Dr. Papageorgiou, who is also pediatrician-in-chief at St. Mary's Hospital, earned his medical degree at the Sorbonne in Paris in 1966 after doing his early studies in Greece, the land of his birth. He came to Canada on an exchange between France and Quebec for a one year internship, and remained to take his pediatric training plus two years of neonatology. He took his post graduate training in Montreal at the University of Montreal and McGill, and served as chief medical resident at the Montreal Children's Hospital. His academic appointments today include associate professor of pediatrics/obstetrics/gynecology at McGill where he coordinates the university's neonatal

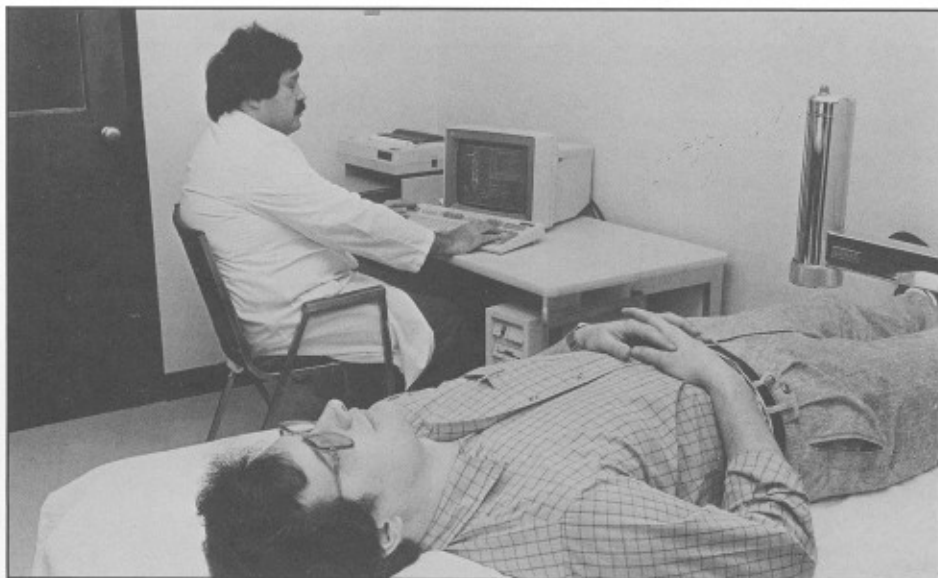
perinatal program.

His great admiration for his father, an obstetrician, influenced his choice of medicine as a career. Although he had a strong early interest in obstetrics, he ultimately preferred neonatology with the challenge of the frail newborns. His younger brother, however, continues to practice obstetrical medicine in the clinic established by their father.

While studying in Paris, Apo Papageorgiou met his wife Glenys, a student from Wales, who today teaches at CEGEP. They have two children, Carys and Nicolas, who occasionally join their father on his rounds in the nursery, perhaps continuing a family tradition. Music plays an important role in their life. Glenys, and daughter Carys, age 16, play the piano, and son Nicholas, 14, plays the violin and piano. "I am the listener in the family", says Apo Papageorgiou. The family enjoys tennis and skiing, especially water skiing at their summer home by the sea in Greece, and look forward to visiting the Welsh grandparents in the United Kingdom. Dr. Papageorgiou's work, including night calls and travelling, consumes so much of his time, that the hours spent with his family are all the more valuable.

B.R.

Nuclear Medicine



Dr. Jerry Stern measures bone mineral density.

The nuclear medicine service has enhanced its capabilities through the acquisition of dual photon absorptiometry, a new means for this hospital of gathering information on bone loss caused by osteoporosis.

The equipment is capable of measuring bone mineral content in the spine and femur where osteoporosis-caused fractures tend to occur; can estimate fracture risk; and can monitor the rate of bone loss as well as response to therapy.

This non-invasive technology can detect the process of bone loss early on before complica-

tions arise and thus treatments can be undertaken to reduce the risk of incapacitating fractures.

The hospital was able to purchase this equipment through the generosity of several members of the community. As well, Dr. Jerry Stern, director of nuclear medicine, gratefully acknowledges Dr. A. Hadjipavlou, chief of orthopedics; Dr. M. Gelfand, chief of obstetrics/gynecology and Mr. M. Brownstein, president, whose organizational efforts helped make the acquisition of this equipment possible.

A generous gift



Mr. Arthur Rudnikoff (left) made a very generous contribution towards the purchase of special oxygen monitors for the Pollack neonatal intensive care unit. The gift from Mr. Rudnikoff and his family was given in memory of Mrs. Betty Rudnikoff. With Mr. Rudnikoff is Dr. A. Papageorgiou, chief of pediatrics.

Eye department acquires new testing equipment

Vision is tested traditionally by determining the smallest size numbers that can be identified by the patient at a distance of 20 feet. However, there are other important aspects of seeing besides looking at numbers on a chart. Night vision (the ability to find your way around in a dimly lit room) and distinguishing shades of colors are two important examples of how we use our eyes in other ways besides reading. These other types of vision cannot be detected by the traditional method of reading small numbers on the eye chart. Only sensitive electrophysiology tests which can measure the function of the optic nerve (the nerve which connects the eye to the brain) and the retina (the "photographic film" of the eye), can give us more information about how we see.

The department of ophthalmology is proud to announce the commencement of electrophysiology testing in our institution, the first such centre in an adult McGill University teaching hospital. This testing centre, located in the eye department on the third floor of Pavilion A, includes electroretinography, visual evoked responses, and contrast sensitivity



Dr. Mark Gans

testing. This equipment will be used by Dr. Mark Gans, a full time neuro-ophthalmologist at our hospital, to test patients with both optic nerve and retina problems. Patients to be tested will include those with problems of night blindness, color blindness, inflammation or stroke of the optic nerve, etc. In addition, Dr. Gans and Dr. Julius Gomolin, a full time retina specialist, will be involved in studying certain patients and their families in order to better

understand the inheritance of certain diseases.

To accurately analyze the results when testing abnormal patients, it is necessary to first test normal individuals with the equipment for comparison. Dr. Gans has been doing this since November, but is still interested in testing normal volunteers.

For more information regarding this testing or other aspects of the laboratory, please call the eye clinic at 340-8280

24th Annual Clinical Day



The 24th Annual André Aisenstadt Clinical Day took place in October at the hospital. The topic of the day was: Viruses and Human Diseases: Aids and Beyond.

An overflow crowd of physicians attending the day-long symposium was told that the first vaccine to protect against AIDS probably will be tested on 60 people across Canada by January. Dr. Peter Gill, director of microbiology with the federal Health and Welfare Department, said the vaccine was first used in Canada when it was tested on 12 rhesus monkeys. Although testing the vaccine on humans has been approved by the U.S. Food and Drug Administration, it is still being reviewed by Canada's Health Protection Branch.

International medical and scientific authorities who presented their current data included: Francis A. Ennis, M.D., Professor, Departments of Medicine, Microbiology and Molecular Genetics, University of Massachusetts; Peter Gill, Ph.D., Director, Bureau of Microbiology, Laboratory Centre for Disease Control, Ottawa; Norbert Gilmore, Ph.D., M.D., Chairman, National Advisory Committee on AIDS, Associate Physician, Division of Clinical Immunology, Royal Victoria Hospital; Paul Jolicoeur, M.D., Ph.D., Laboratoire de Virologie Moléculaire, Institut de Recherches Clinique, Montreal; Tun-Hou Lee, D.Sc., Department of Cancer Biology, Harvard School of Public Health; Jay A. Levy, M.D., Professor, Departments of Medicine, Microbiology and Immunology and of Pathology, Research Associate, Cancer Research Institute, University of California; Mark A. Wainberg, Ph.D., JGH Lady Davis Institute, Professor, Departments of Medicine and Microbiology, McGill University.

As always, this important symposium, which is approved by the College of Family Physicians of Canada for 6 hours of study credit, was sponsored by Dr. André Aisenstadt, honorary president of the hospital. Dr. Michael Gold coordinated the day while Dr. Wainberg welcomed the guests. Dr. Jack Mendelson chaired the morning session; Dr. Harold Frank chaired the afternoon session and Dr. Peter Small was chairman of the panel discussion.

The JGH News is published by the
Sir Mortimer B. Davis —
Jewish General Hospital
to inform the community about hospital
developments, and to promote mutual
understanding between the hospital
and those whom it serves.

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Translation: Odette Lapointe
Photos: JGH Department of
Audio-Visual Services

Public Relations Committee:
Sheila Zittler, Chairman;
Hillel Becker, Susan Levine,
Dr. Sidney Pedvis

Weissman gift honors parents

David and Hilda Weissman recently were honored at a reception to indicate the hospital family's profound gratitude for their supremely generous gift in memory of their parents. The JGH geriatric unit will henceforth be known as The David and Hilda Weissman Centre for Geriatrics, and a solarium will be created for social and recreational purposes as well as religious celebrations.

Dr. Mark Clarfield, chief of the geriatric division, thanked the Weissmans for their generosity which will help achieve the JGH goal in geriatric medicine to rehabilitate people to their highest level and to keep them as "young as we can as long as we can."

Stressing the geriatric unit's dedication to teamwork, Dr. Clarfield introduced head nurse Linda Davis. She emphasized that patients on the ward sometimes wait a long time for placement elsewhere, and described how the team, including social workers, dieticians, occupational therapists, physiotherapists and the Rabbi try to make the unit feel like home. Patients are encouraged to be up, dress, eat together and participate in the activities planned for each day. "Thanks", she said to Mr. and Mrs. Weissman, "for your sensitivity in identifying and helping to fulfill the needs in the hospital."

Hospital President, Morton Brownstein, spoke about the Weissman family as lifelong supporters of Jewish causes. "David Weissman was a builder in his native land, and he is a builder here. He builds for those in need and those in pain," observed Mr. Brownstein. "As a team", he continued, "David and Hilda are a wonderful asset to our community."

Ed Winant, son of Mr. Weissman, paid tribute to his father, saying, "his pride and dedication can be an example to all young people. He always admired those who do things for themselves."

As Mr. Brownstein presented a commemorative certificate to David and Hilda Weissman, he expressed the sentiments of everyone when he said, "you are a proud model for people in this community."



Construction Program in Progress

The hospital's construction program is well underway. Devoting many long hard hours to this project is a committee of community volunteers working along with JGH staff. Here are some members of the building subcommittee which meets regularly.



L. to R.: Hyman Polansky; Derek Osborn, architect acting as owners representative; Henri Elbaz, associate executive director - administration; Stephen Vineberg, building committee chairman; André Ibghy, resident architect. Absent from the photo: Sam Aberman, Marcel Adams, Barbra Gold, director of auxiliary services and Howard Rutman, director of the maintenance department.

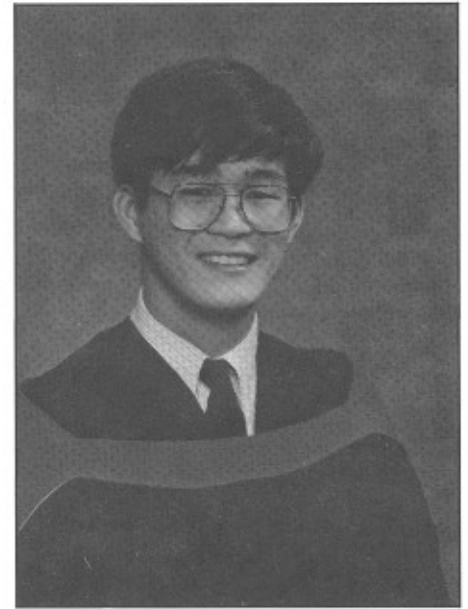
Louis Gross/Harold Segall annual lecture

The Montreal Clinical Society held its annual Louis Gross/Harold Segall lecture this past October. Guest speaker was Rabbi Lavy Becker who discussed the topic Moral Dilemmas in Medicine before an enthusiastic audience of close to 200 people in the hospital's Block Amphitheatre.



Shown here, left to right: Dr. Marcus Martin, past president; Dr. Martin Poleski, president; Dr. Harold Segall, Rabbi Becker and Dr. Harold Rosen.

Dr. Chang Wins Zemelman Award



Dr. Harvey Chang has received the third annual Sheldon Zemelman Award, with academic excellence and sensitivity in patient care as the criteria. Established in memory of Dr. Sheldon Zemelman, a well-loved resident at the JGH, the fund provides a cash prize annually in perpetuity to a resident in medicine.

The Auxiliary Reports...

by Rosalie Gordon, president

Since our last report, the Auxiliary has been busy recuperating from the Flood and trying to overcome the havoc the postal strikes have been playing with the distribution of our Bulletins, Auxiligrams and Raffles.

Despite all these road-blocks and because of our superb cadre of Auxilians, we have managed to overcome these obstacles.

During the summer, we were busy planning our major fundraising event of the year, The Look Ahead Show '87. It finally took place on Wednesday, October 21, and once again proved to be a tremendous success. Gourmet cakes, sauces, soups, pastas, preserves, all homemade by Auxilians, were the highlight of the show along with Nimble Thimble handmade handicrafts, calligraphy art, and our enormously popular surprise packages and "attic treasures". This year, as an added feature, the

All Day Cafe was presented which allowed the customers to take a break as they browsed.

Raffle prizes this year were better than ever with fabulous trips, art, stereos and T.V.'s being won. The public was most responsive and we thank in particular those individuals who because of the postal strike, personally delivered their raffle ticket stubs.

"Fur Follies 87", the event which the entire community as well as the hospital staff eagerly await, took place on October 27th and 28th. This sale of "gently used" and new furs again surpassed our highest expectations. Coats donated by individuals and furriers were professionally cleaned and evaluated and donors received receipts for the selling price. We thank the community for their support.

The second blood donor clinic of the year took place on Monday, November 2. As incentives to potential blood donors, the Auxiliary provided snacks, and through the generosity of private individuals cash prizes were also made available.

The Auxiliary's General Meeting took place on November 18 with guest speaker Dr. Murray Barron, Chief of Rheumatology at the JGH. His topic, Everything Hurts, was interesting and informative.

Auxiliary projects would not be possible without the combined talents of scores of dedicated volunteers working long and hard to make these events a success. As a result of these fundraising projects the community, served by our hospital, can look forward to enhanced equipment and services that contribute to the betterment of patient care.

The Auxiliary's role in the hospital remains three-pronged, namely to raise funds, to initiate programs, and to promote good public relations. We, as Auxilians, work together to assist the JGH in promoting good health care and communicating its purpose to the community both inside and outside the hospital. More is expected of the Auxiliary as our hospital grows, and our membership must rise to meet this challenge. We count on all of you.

BULLETIN BOARD

GRANTS

CANCER RESEARCH SOCIETY

Brenner, B.: \$32,500. Natural resistance mechanisms and their modulation in human breast cancer.

Hiscott, J.: \$25,000. Modulation of nuclear proto-oncogene expression by interferon.

Kalant, N., Pollak, M., Shyamala, G.: \$26,000. Mammary tumor inhibition by diet (caloric) restriction.

Margolese, R., Ferenczy, A.: \$10,400. Immunostaining of fine needle aspiration cytological preparations as a diagnostic adjunct of mammary carcinoma.

Panasci, L.: \$28,000. Mechanism of resistance to L-PAM in human tumor cells.

Pollak, M.: \$35,360. Peptide growth factors in neoplasia.

Schulman, H., Ponka, P.: \$30,000. Ferritin gene expression in transformed cells.

Shyamala, G.: \$32,000. Steroid hormonal regulation of progesterone receptor gene expression in mammary cells.

Wainberg, M.: \$31,200. The role of macrophages in the development of AIDS.

CONSEIL QUEBECOIS DE LA RECHERCHE SOCIALE

Robbins, J.M.: \$30,651. Social psychological determinants of behavior in primary care.

FONDS DE LA RECHERCHE EN SANTE DU QUEBEC

Langleben, D.: \$9,333. Etablissement de Jeunes Chercheurs.

FONDS POUR LA FORMATION DE CHERCHEURS ET L'AIDE A LA RECHERCHE

Libman, E.: \$25,000. Measurement and determinants of sexual dysfunction: Its contribution to impaired psychological health.

HEALTH AND WELFARE CANADA

Edgar, L.: \$53,956. Implementation and evaluation of a rehabilitative approach as a part of normal nursing care of cancer patients.

Gornitsky, M., Clark, C.: \$64,767. A clinical and laboratory longitudinal evaluation of the oral health complications of patients with Acquired Immune Deficiency Syndrome (AIDS).

Lasry, J-C., Margolese, R.: \$40,660. Quality of life following two types of breast cancer surgery.

Wainberg, M.: \$249,945.50. Neutralization and viral detection assays for HTLV-III: Studies on transmission and ineffectivity.

MEDICAL RESEARCH COUNCIL

Brem, S.: \$48,500. Angiogenesis and brain tumors: interrelation of tumor growth neovascularization and copper ion.

Germinario, R.: \$70,000. Cell culture studies into the nature of factor(s) controlling insulin stimulation of sugar transport.

Hiscott, J.: \$53,140. Regulation of human interferon gene expression.

Kalant, N.: \$110,00. Studies in diabetes and insulin responsiveness.

Kalant, N., Stewart, J.: \$40,000. Effect of dietary restriction on memory impairment in aging.

Kleiman, L.: \$33,405. Expression of tRNA genes and their potential use in gene therapy.

Laughrea, M.: \$46,000. Effects of Codon context on translation fidelity.

Parniak, M.: \$29,138. Protein-protein interactions and the regulation of phenylalanine hydroxylase.

Pinsky, L.: \$186,939.50. Group grant in medical genetics.

Ponka, P., Schulman, H.: \$52,250. Chelation, mobilization and metabolism of storage iron.

Schulman, H., Ponka, P.: \$48,500. Transferrin and intracellular iron metabolism.

Sherwin, B.: \$25,220. Studies on sex steroid levels and mood in menopausal women.

Shyamala, G.: \$55,000. Molecular properties of mammary glucocorticoid receptor.

Wainberg, M.: \$50,440. AIDS: - mechanism of virus-induced immunosuppression following infection by HTLV-III. \$55,000. Biological aspects of the host tumor relationship and pp60^{SRC} gene expression in avian retrovirus-induced neoplasia.

NATIONAL CANCER INSTITUTE OF CANADA

Shyamala, G.: \$81,118. The mechanism of estrogen action in mammary gland.

NATURAL SCIENCES AND ENGINEERING RESEARCH COUNCIL OF CANADA

Kleiman, L.: \$23,040. Effect of tRNA Asn deacylation upon tRNA Asn synthesis and stability in vivo.

Laughrea, M.: \$21,000. Structure-function relationships in ribosomal protein L7/L12.

Ponka, P., Schulman, H.: \$3,000. Conference Grant: Eighth International Conference on Proteins of Iron Transport and Storage.

NATIONAL INSTITUTES OF HEALTH (USA)

Schulman, H., Ponka, P.: \$18,000. Conference Grant: Eighth International Conference on Proteins of Iron Transport Storage.

Margolese, R.: \$11,750. NSABP - colorectal protocols. \$70,130. Primary breast cancer therapy group.

Panasci, L.: \$38,050. Pharmacokinetics and metabolism of gliomas.

JGH PLANNING AND PRIORITIES

Colohan, A., Goldenberg, M., Brem, S.: \$19,000. Permeability changes, angiographic alterations and cerebral blood flow in the major cerebral vessels following experimental subarachnoid hemorrhage.

Dascal, A.: \$46,000. Cellular immune responses to rotavirus infection.

Langleben, D.: \$40,000. Pathogenesis of hypertensive pulmonary vascular changes - the role of subendothelial matrix.

Miller, N., Sheiner, N.: \$45,600. Evaluation of plasma tetrafluoroethylene (Plasma TFE), human umbilical vein graft (HUV), externally stented knitted dacron graft, etc.

Mitmayer, B., Gordon, P.H.: \$25,550. Effect of various gastrinemic states and gastrin receptor blockade on colon carcinogenesis induced by dimethylhydrazine in rats.

QUEBEC HEART FOUNDATION

Langleben, D.: \$12,000. Pathogenesis of hypertensive pulmonary vascular changes - the role of subendothelial matrix.

AWARDS

Macaulay, A. and Montour, L. Tied for first place award for best presentations by practitioners at the Annual Meeting of the Vermont Academy of Family Physicians, Burlington, Nov. 1987. (see presentations)

ASSOCIATION DES UNIVERSITES ET COLLEGES DU CANADA

Chan, R.: Studentship

CANADIAN HEART FOUNDATION

Langleben, D.: Fellowship

CANCER RESEARCH SOCIETY

Alper, D.: Studentship

Bergeron, C.: Fellowship

Rooke, R.: Studentship

Skalski, V.: Studentship

Tremblay, M.: Studentship

Xanthoudakis, S.: Studentship

Zagzag, D.: Fellowship

CLARK FELLOWSHIP

Minassian, B.: Fellowship

FONDS DE LA RECHERCHE EN SANTE DU QUEBEC

Boulerice, F.: Studentship

Parniak, M. (McGill): Chercheur-Boursier

MEDICAL RESEARCH COUNCIL OF CANADA

Hiscott, J.: Scholarship

Kleiman, L.: Biotechnology Retraining Award

Leckett, B.: Studentship

MIZNE FELLOWSHIP

Brien, S.: Fellowship

NATIONAL CANCER INSTITUTE OF CANADA

Dahan, P.E.: Studentship

NATURAL SCIENCES AND ENGINEERING RESEARCH COUNCIL OF CANADA

Prior, L.: Scholarship

QUEBEC HEART FOUNDATION

(Jonathan Ballon Award)

Langleben, D.: Fellowship

APPOINTMENTS

Brem, S.: Reviewer, Grant, National Science, Engineering Research Council. Medical Advisory Board, Cancer Research Society.

Brender, W.: Associate member, Department of Psychiatry, Faculty of Medicine, McGill University.

Kalant, N.: Member, Education Committee, Canadian Atherosclerosis Society.

Kirmayer, L.J.: Co-editor of *Culture/Santé/Health*, a journal on anthropology, medicine and psychiatry published by GIRAME.

Lasry, J.C.: Associate member, Department of Psychiatry, Faculty of Medicine, McGill University. Nominated to the Mental Health Review Committee of Fonds de la recherche en santé mentale du Québec.

Mitmayer, B.: Examiner in General Surgery, Quebec College of Physicians and Surgeons, 1987.

Palayew, M.J.: Canadian Association of Radiologists: Member, Committee on Publications 1987-88. Representative to Canadian Medical Association 1987-88. Canadian Radiological Foundation: Chairman, Scientific Advisory Council. Radiological Society of North America: Reviewer of manuscripts for *Journal of Radiology* 1987-88. Corporation professionnelle des médecins du Québec: Member, Credentials Committee, Member Administration Committee.

Pinsky, L.: Member, Economics Subcommittee, Science Council of Canada Study on Genetic Predisposition to Disease. Editorial Board, *Dysmorphology and Clinical Genetics*.

Pollak, M.: Member, Lung Committee, McGill Cancer Centre.

Robbins J.M.: Named to the 5 year cyclical review committee of the Division of Internal Medicine, McGill University.

Rush, C.: Appointed to Attending Staff, JGH, Dept. of Radiology, Division of Nuclear Medicine; Assistant Professor, Dept. of Radiology, Faculty of Medicine, McGill University.

Satin, R.: Canadian Association of Radiologists. Member, Committee on Insurance Services and Medical Services 1987-88.

Sheiner, N.M.: Re-appointed to third term as Editor, *Canadian Journal of Surgery*.

Sigman, M.: Appointed chairman of the Executive Committee, Allied Jewish Community Services 1987.

Wainberg M.: Re-appointed chairman of the grants panel on AIDS for Health and Welfare Canada by Mr. Jake Epp, Minister of the Department of Health and Welfare. Member grants panel to establish clinical centres for AIDS research, Fonds de la Recherche en Santé du Québec. Chairman, Committee to develop a blueprint for Quebec in AIDS research over the next 3 years, appointment by Madame Thérèse Lavoie-Roux, Québec Minister of Social Affairs. Member, Editorial Board of *Contemporary Infectious Diseases*.

PRESENTATIONS

Bergeron, C., Ferenczy, A., Shyamala, G.: Immunocytolocalisation des récepteurs aux estrogènes dans l'endomètre humain normal, hyperplasique et néoplasique. Congrès Annuel de l'Association des Pathologistes du Québec, Montréal, Oct. 1987.

Brem, S.: The control of neoplasia in the brain by angiosuppression: copper depletion prevents neovascularization and inhibits tumor growth. American Association of Neurological Surgeons, Dallas, May 1987.

Bureau, M., Ardila, R., Papageorgiou, A.: Chemoreceptor function and infantile apnea. The Meeting of the Canadian Pediatric Society and the Association des Pédiatres de Langue Française, Montréal, July 1987.

Charney, W.: The state of asbestos abatement in the province of Quebec. American Industrial Hygiene Conference, Montreal, June 1987.

Colacone, A., Bertolo, L., Rosenthal, T.M., Wolkove, N., Cohen, C., Kreisman, H.: The effect of caffeine on histamine bronchoprovocation challenge in asthma. American College of Chest Physicians Annual Meeting, Atlanta, Ga., Oct. 1987. *Chest* 92 (Supp) 94, 1987.

Crelinsten, G.L.: Chairman, Symposium, Biomedical Ethics: Opinion and Controversy. The Royal College of Physicians and Surgeons of Canada and The Canadian Society for Clinical Investigation, Winnipeg, Sept. 1987. Teaching Medical Ethics/l'enseignement de l'éthique médicale. Annual Meeting, The Canadian Society of Medical Bioethics, Toronto, Nov. 1987.

Dalrymple, S., Mitmaker, B., Gordon, P.H.: Enhanced carcinogenesis in the proximal small intestine of the rat following ruminectomy. The Canadian Fund for the Advancement of General Surgery, Third Annual Research Conference, St. Jovite, Que., June 1987. Canadian Oncology Society Annual Meeting, Winnipeg, Sept. 1987.

Darabanner, D., Roach, R., Gauthier, D., Papatheodorou, G., Weiss, A.: The borderline patient. Psychiatric Clinical Grand Rounds, Institute for Community and Family Psychiatry, Sept. 1987.

De Stephano, L., Goldman, H., Numazaki, K., Wainberg, M.: Diminution of IL-1 productions by cultured thymic epithelial cells following viral infection. VII International Congress of Virology, Edmonton, Aug. 1987.

Edgar, L.: Recherche sur la douleur: Un nouvel outil. 22nd Provincial Conference of the Operating Room Nurses of Quebec, Quebec City, Sept. 1987. Multidisciplinary

multisite studies. McGill University Nursing Explorations Conference, Montreal, Sept. 1987. The effect of relaxation vs. distraction on cancer patients receiving radiotherapy. Fourth National Symposium in Oncology Nursing. Hamilton, October 1987.

Fitch, N.: The genetics of Alzheimer's disease. Alzheimer Society, Montreal, April, 1987. Chromosome abnormalities in relation to obstetrics and gynecology. Jewish General Hospital, May 1987. Inheritance in Alzheimer's disease. Maimonides Hospital, Montreal, Sept. 1987. The Genetics of Alzheimer's disease. Montreal Children's Hospital, October 1987.

Freedman, A.N.: Can we slow the aging process? Academy for International Medical Studies. Kenya, July, 1987.

Germinario, R.: Glucose transport and metabolism in cultured fibroblasts derived from normal and Alzheimer's disease patients. Canadian Association on Gerontology, Calgary, Oct. 1987.

Goldenberg, M.: Interesting cases. Head and Neck Radiology Seminar. The Montreal Medico-Chirurgical Society, Division of Otolaryngology and the Depts. of Otolaryngology and Radiology of McGill University, Jewish General Hospital, May 1987.

Gordon, P.H.: Out-patient anorectal procedures. McGill University, Université de Montréal, Update on diseases of the colon and rectum. May 1987. What's new in colon and rectal surgery. Quebec Association of General Surgeons, Quebec City, April/May 1987. Moderator of panel "Perianal and anal cutaneous disorders". Movie presented: Pitfalls and precautions in the use of anastomosing and linear staplers in colon surgery. American College of Surgeons 73rd Clinical Congress, San Francisco, CA. Oct. 1987.

Hadjipavliou, A., Lander, P.: Pagetic spinal stenosis and poster presentation on the role of CT scan in chemonucleolysis of the lumbar disc rupture. International Society for the Study of the Lumbar Spine Annual Meeting, Rome, Italy, May 1987.

Hiscott, J.: Modulation of proto-oncogene expression by interferon. Biology of growth factors, Toronto, June 1987. L'interaction des protéines régulatrices avec le gène de l'interféron humain. FRSQ Plénière des Jeunes Chercheurs, Club de Recherches Cliniques du Québec, Montebello, Oct. 1987.

Just, N.: Salivary Glands. Head and Neck Radiology Seminar. The Montreal Medico-Chirurgical Society, Division of Otolaryngology and the Depts. of Otolaryngology and Radiology of McGill University, Jewish General Hospital, May 1987.

Kahn, A.: Treatment of Type II diabetes mellitus. University of Moscow. Management of diabetes in pregnancy. University of Leningrad, Soviet Union, July 1987.

Kaufman, M., Pinsky, L.: Evidence for sequential allosteric states of the androgen receptor as revealed by its dissociation from various androgens within cells and after extraction. Meadow Brook Conference on

Steroid Receptors, Sept. 1987.

Kirmayer, L.J.: The social construction of the person: Implications for cultural psychiatry. The Annual Meeting, Society for the Study of Psychiatry and Culture, Ste. Foy, Que. Sept. 1987. Jungian analysis. The Allen Memorial Institute Journal Club, Montreal, Oct. 1987. Somatizing and psychologizing: The cognitive construction of illness experience. The McGill University, Dept. of Psychiatry Research Day, Oct. 1987.

Kunos, I.: The neonate with fever or suspected infection. The McGill Newborn Update, Montreal, Oct. 1987.

Kunos, I., Pinsky, M., Papageorgiou, A.: Improving survival without increasing morbidity in infants weighing 600-1000 grams. Meeting of the Society of Obstetricians and Gynecologists of Canada, Ottawa, June 1987. The conjoint meeting of the Canadian Pediatric Society and the Association des Pédiatres de Langue Française, Montreal, July 1987.

Kwitko, M.L.: Epikeratophakia, surgical technique. Canadian Implant Association, Montreal, June 1987. Pseudophakic glaucoma. Canadian Ophthalmological Society, Montreal, June 1987. Side effects and complications of radial keratotomy, short and long term. Lens implantation in the glaucoma patient. Chairman of corneal topography section. European Intraocular Implant Lens Council, Jerusalem, Sept. 1987. The Siva Reddy Gold Medal Oration. Diagnostic techniques for pediatric glaucoma. Surgical options in the pediatric glaucomas. Common forms of secondary glaucoma. Management of the dislocated crystalline lens. Lasers in glaucoma. Management of anterior segment trauma. Hyderabad Academy of Ophthalmology, Hyderabad, India, Sept. 1987. Treatment of pediatric anterior segment trauma. Management of complications related to Marfan's Syndrome, Homocystinuria and Marchesani Syndrome. Instituto de Oftalmologia (Italian Ophthalmological Society), Catania, Sicily, Sept. 1987. Intracapsular surgery. American Academy of Ophthalmology, Dallas, Nov. 1987.

Laporta, D.P., Kochi, T., Spanier, A.H., Milk Emili, J.: Flow-volume loop in acutely ill patients during mechanical ventilation: Does albuterol produce a measurable effect? American College of Chest Physicians Annual Meeting, Atlanta, Ga., Oct. 1987. Chest 92 (Supp), 109, 1987.

Laskey, J.D., Ponka, P., Schulman H.M.: Regulation of ferritin biosynthesis in differentiating friend erythroleukemia cells. Eighth International Conference on Proteins of Iron Transport and Storage, Montebello, May 1987.

Lasry, J.C.: Social relations and mental health in Sephardi immigrants from North Africa. International Association for Cross-Cultural Psychology, Kingston, Ontario, Aug. 1987. Sephardi-Ashkenazi relations in Montreal. Shaar Hashomayim Congregation. La Santé mentale de la femme au foyer. Club Amitiés de l'Age d'Or, La psychologie de l'enfant d'age préscolaire. Centre Communautaire Juif, Montreal, March 1987.

Psychosocial functioning in two samples of mastectomized women. Clinic trials meetings of the National Cancer Institute of Canada. Hamilton, April 1987. Sephardim in Montreal - Voices of dissent and non-conformity in the Montreal Jewish Community, Harvey Golden Institute, Saidye Bronfman Centre, Sept. 1987. Sephardi-Ashkenazi relations activities program. Canadian Jewish Congress, Quebec Region, Sept. 1987.

Lasry, J.C., Margolese, R.G.: Psychological and social adjustment following mastectomy or lumpectomy. Annual Meeting of the Canadian Psychological Association, Vancouver, B.C., June 1987.

Laughrea, M.: Mistranslation in twelve escherichia coli ribosomal proteins: cysteine misincorporation at neutral amino acid residues other than tryptophan. 9th International Biophysics Congress, Jerusalem, Israel, Sept. 1987.

Macaulay, A., Montour, L.: Diabetic and artherosclerotic complications among Mohawk Indians of Kahnawake. Annual Meeting of the Vermont Academy of Family Physicians, Burlington, Nov. 1987.

Mitmaker, B.: Enhancement of cellular kinetics in the proximal small intestine of the rat following rumenectomy. Enhanced carcinogenesis in the proximal small intestine of the rat following rumenectomy. Annual Meeting of the Royal College of Physicians and Surgeons of Canada, Winnipeg, Sept. 1987.

Montour, L., Macaulay, A.: Sugar diabetes and hardening of the arteries: returning research results to the Mohawk community. Annual Meeting of the Vermont Academy of Family Physicians, Burlington, Nov. 1987.

Odze, R., Mitmaker, B., Gordon, P.H.: Enhancement of cellular kinetics in the proximal small intestine of the rat following rumenectomy. The Canadian Fund for the Advancement of General Surgery, Third Annual Research Conference, St. Jovite, June 1987. Canadian Association of General Surgeons, Annual Meeting, Winnipeg, Sept. 1987.

Palayew, M.J.: Interventional radiology of the thorax. Patterns of pulmonary diseases as an aid to diagnosis. Radiology of mediastinal tumors. The Cornell University Postgraduate Course, Quebec City, Aug. 1987.

Panasci, L.: Mechanism of resistance to nitrogen mustards (NM) in patients with chronic lymphocytic leukemia (CLL). American Association for Cancer Research, Atlanta, May 1987.

Panasci, L., McQuillan, A.: Biological activity, binding and metabolic fate of ac-(NLe⁴, D-Phe⁷) aMSH₄₋₁₁NH₂ with B₁₆ melanoma cells (F₁) variant. American Association for Cancer Research, Atlanta, May 1987.

Papageorgiou, A.: Betamethasone (BETA) and Ritodrine (R) can reduce mortality morbidity and RDS in infants <1000 gms. Meeting of the International Neonatal Intensive Care Collegium, Sassari, Italy, June 1987. Effectiveness of antenatal steroids in infants weighing 2,000 gms. The Great Lakes Conference on Perinatal Research, Lin-

colnshire, Ill. Sept. 1987. Antenatal steroids: the McGill University experience. Guest lecturer - Grand Rounds - Dept. of Obstetrics and Gynecology, Illinois Masonic Medical Centre, Chicago, Ill, Sept. 1987. Perinatal approach to viral and other infectious diseases. McGill Newborn Update, Montreal, Oct. 1987.

Papageorgiou, A., Doray, J-L, Ardila, R., Kunos, I.: Betamethasone (BETA) and Ritodrine (R) can reduce mortality, morbidity and RDS in infants <1000 gms. The Meeting of the Society of Obstetricians and Gynecologists of Canada, Toronto, June 1987. The Meeting of the Canadian Pediatric Society and the Association des Pédiatres de Langue Française, Montreal July 1987.

Paris, J.: Long term outcome of borderline personality disorder. Grand Rounds, Allen Memorial Institute, Sept. 1987.

Paris, J., Nowlis, D., Brown, R.: Developmental factors in the outcome of borderline personality. Annual Meeting of the Canadian Psychiatric Association, London, Ontario, Sept. 1987.

Pinsky, L.: Moderator, Biochemical Genetics Session, American Society of Human Genetics, San Diego, Oct. 1987.

Pinsky, L., Kaufman, M., Gottlieb, B.: On conditionality, expressivity and abnormal male sexual development due to mutant androgen receptors. David W. Smith Workshop on Malformations and Morphogenesis. August 1987. Conditionality of the androgen receptor-transformation defect in two families with complete androgen resistance. American Society of Human Genetics, Oct. 1987.

Pinsky, L., Kaufman, M., Wrogemann, K.: Characterization of an abundant 56K protein with androgen-binding activity in genital skin fibroblasts. Meadow Brook Conference on Steroid Receptors, Sept. 1987.

Roy, M.: MRI in the diagnosis of special intermedullary tumors. Congress Award Session (for residents), Canadian Association of Radiologists, 50th Annual Meeting, Ottawa, June 1987.

Sacks, S.L., Conant, M., Connor, J., Douglas, J., Eron, L., Lebwohl, M., Marlowe, S., Mendelson, J.: Recombinant alpha-2 interferon gel in the treatment of recurrent herpes genitalis. VII th International Congress of Virology, 1987.

Schulman, H.M.: Cellular iron metabolism. Nitrogen fixation at low temperature. Boyce Thompson Institute. Cornell University, Ithaca, June 1987.

Schulman, H.M., Wilczynski, A., Gauthier, Y., Ponka, P., Shyamala, G.: Transferrin receptor and ferritin levels in murine mammary glands during pregnancy and lactation. Eighth International Conference on Proteins of Iron Transport and Storage. Montebello, May 1987.

Shamian, J., Edgar, L.: Breast self examinations: Nurses made a difference. 115th Annual Meeting of the American Public Health Association. New Orleans, October 1987.

Sheiner, N.M.: Keynote speaker: Vascular surgery update - 1987. The role of extra-

anatomic bypass in the treatment of vascular disease. Quebec Association of General Surgeons, Nov. 1987.

Shyamala, G.: Invited speaker: mechanism of estrogen action in mammary tissues. Ludwig Institute for Cancer Research, Inselspital, Bern, Switzerland. July 1987. Chairperson, session on receptor structure and molecular organization. Meadow Brook Conference on Steroid Receptors in Health and Disease, Michigan, Sept. 1987.

Shyamala, G., Bergeron, C., Ferenczy, A.: Distribution of estrogen receptors (ERs) in various cell types of normal, hyperplastic and neoplastic human endometrial tissues. Proceedings of the Annual Meeting of the American Association for Cancer Research, Atlanta, May 1987.

Sherwin, B.B.: The free testosterone index as a predictor of sexual behavior in postmenopausal women receiving hormone replacement therapy. Annual Meeting of the International Academy of Sex Research. Tutzing, West Germany, June 1987. Invited address: Estrogen-androgen replacement therapy: Effects on physical and psychological functioning and lipoprotein lipid metabolism. MRC Reproductive Biology Unit, University of Edinburgh, Scotland, June 1987. Invited talk: Endocrine factors in female sexuality. Annual meeting of the American Psychological Association. Aug. 1987.

Small, P.: Immunotherapy and beclomethasone dipropionate nasal spray on allergen induced nasal provocation. The Royal College of Physicians and Surgeons, Winnipeg, Sept. 1987.

Smith, J., Colacone, A., Wolkove, N., Kreisman, H.: The effect of eating on respiration. American College of Chest Physicians Annual Meeting, Atlanta, Ga., Oct. 1987. Chest 92 (Supp), 83, 1987.

Smith, J., Fox, J., Colacone, A., Kreisman, H., Wolkove, N.: Sensation of inspired volumes and pressures in professional wind instrument players. American College of Chest Physicians Annual Meeting, Atlanta, Ga., Oct. 1987. Chest 92 (Supp), 82, 1987.

Stern, J.: Nuclear tomography. Elscint Users' Meeting, Quebec, City, March 1987. Nuclear Medicine. Society of Nuclear Medicine, Toronto, June 1987.

Takefman, J., Brender, W., Tulandi, T.: Predictors of adjustment, diagnosis and pregnancy rate in couples undergoing infertility investigation. Annual Meeting of the Canadian Fertility and Andrology Society, Val David, Quebec, Oct. 1987.

Tulandi, T., Hum, H.S.: Closing of laparotomy incisions with and without peritoneal closure and 2nd look laparoscopy. 35th Annual Clinical Meeting, the American College of Obstetricians and Gynecologists, Las Vegas, Nevada, April 1987.

Tulandi, T., Senterman, M.: Histopathologic study of ampullary and isthmic tubal pregnancy. 43rd Annual Meeting of The American Fertility Society, Reno, Nevada, Sept. 1987.

Vasilevsky, C-A.: Invited participant.

Surgical management of anal incontinence. American College of Surgeons, 73rd Clinical Congress. San Francisco, Oct. 1987. Invited participant. Post graduate course, University of Minnesota, Principles of Colon and Rectal Surgery, 1) Fistula-in-ano 2) Panel discussion on complicated anorectal problems 3) Results of surgery in the constipated patient. Minneapolis, Sept. 1987. Post resection colonoscopy. Update on Diseases of the Colon and Rectum, Montreal, May 1987.

Wainberg, M.A.: Aspects moléculaire et immunologiques du SIDA. Université Laval, Département de Microbiologie, Québec, May 1987. Role of neutralizing antibodies and macrophages in the development of AIDS. Abbott Laboratories, Abbott Park, IL, July 1987. Mechanisms of pathogenesis of HIV-1. International Society for Oncodevelopmental Biology and Medicine. Quebec, Aug. 1987.

Wainberg, M.A., Blain, N.: Cyclosporin A (CSA) prevents infection of healthy T cells by HIV but has no effect on pre-infected cells. III International Conference on AIDS, Washington, DC, June 1987.

Wainberg, M.A., Blain, N., Tremblay, M.: Effects of cyclosporine A and cyclosporine G on infection of healthy T cells by HIV. VII International Congress of Virology, Edmonton, Aug. 1987.

Wainberg, M.A., Numazaki, K., Goldman, H., Wong, I.: Replication of cytomegalovirus in human thymic epithelial cells. VII International Congress of Virology, Edmonton, Aug. 1987.

Weiss, M.: Behavior management with special needs children. Presented to a parents group of Down's and physically handicapped children. Jewish General Hospital, March 1987.

Weiss, M., Laplante, D., Eisen, L.: Habituation and recovery of Down's syndrome neonates' attention to auditory and visual stimuli. Society for Research in Child Development. Baltimore, MD. April 1987.

Zelazo, P., Weiss, M., Papageorgiou, A.: Dishabituation of sound localization among normal, moderate, and high-risk newborns. Society for Research in Child Development, Baltimore, MD. April 1987.

PUBLICATIONS

Alpern-Elran, H., Hoover, G., Kalant, N., Brem, S.: Neovascularization induced by the cellular component of atherosclerotic plaque. Book chapter in: Cardiovascular Disease: Molecular and Cellular Mechanisms, Prevention and Treatment (LL Gallo, ed), Plenum Publishing Corp, New York, 1987.

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- MACKPRANG PERMANENT ENDOWMENT FUND
- BERNARD MARCHAND MEMORIAL FUND FOR CANCER RESEARCH
- DORA MARKUS MEMORIAL FUND FOR HEART RESEARCH
- KAREN MARON MEMORIAL FUND FOR ONCOLOGY
- JOORY MASHAL ENDOWMENT FUND FOR MEDICAL RESEARCH
- ROBERT MAYEROVITCH MEMORIAL HEART FUND
- MEDICAL RESEARCH FOUNDATION FUND
In memory of Bernard Wulf
- LEONARD MELNICK MEMORIAL FUND FOR SURGICAL INTENSIVE CARE
- ROSALIND & ISADORE MENDEL ENDOWMENT FUND
- LOUIS MENDELSON MEMORIAL ENDOWMENT FUND
- MICROBIOLOGY RESEARCH FUND
- NEWTON MIGICOVSKY MEMORIAL FUND FOR CANCER RESEARCH
- HYMAN MILLER MEMORIAL FUND
- IRWIN E. MILLER CANCER RESEARCH FUND
- MARLENE MILLER MEMORIAL FUND FOR PULMONARY RESEARCH
- BERTHA MIZNE MEMORIAL FUND
- ROSE MOREIN MEMORIAL FUND FOR MEDICAL RESEARCH
- DR. AJITSIMH J. MORPARIA MEMORIAL FUND
- JUDITH MOSSE ENDOWMENT FUND

JANICE & HERBERT H. MYERS ENDOWMENT FUND
 AARON NAIMARK MEMORIAL FUND FOR PALLIATIVE CARE
 SOL NAIMARK MEMORIAL FUND FOR CARDIOLOGY
 ANNIE & HARRY NATHAN MEMORIAL FUND FOR GERONTOLOGY
 ADA NEMETZ MEMORIAL FUND FOR CANCER RESEARCH
 MAX NEMTIN MEMORIAL FUND FOR LONG TERM CARE
 NEONATAL INTENSIVE CARE UNIT
 NEUROSCIENCES RESEARCH FUND

In memory of Miriam Altman
 In memory of Pieter Frans Deneve

NEUROSURGERY RESEARCH FUND

In memory of Eugenio Longo

NEUROSURGICAL INTENSIVE CARE UNIT

MICHAEL G. NISSENTHAL MEMORIAL ENDOWMENT FUND FOR CANCER RESEARCH

JACK NOVECK MEMORIAL FUND FOR PULMONARY RESEARCH

NUCARE FUND

NURSES EDUCATION FUND

DR. HARRY L. NUTIK MEMORIAL FUND FOR MEDICAL RESEARCH

OBSTETRICS-GYNECOLOGY FUND

MARK OLMSTED MEMORIAL FUND FOR MEDICAL RESEARCH

OPHTHALMOLOGY EDUCATION FUND

OPHTHALMOLOGY RESEARCH FUNDS

DORA ORLEANS MEMORIAL FUND FOR RENAL RESEARCH

ELLEN ORNSTEIN MEMORIAL FUND FOR ONCOLOGY
 ORTHOPEDIC RESEARCH FUNDS

SIDNEY OSTROV MEMORIAL FUND

In honour of Mr. & Mrs. Leslie Guttman

OTOLARYNGOLOGY RESEARCH & DEVELOPMENT FUND

JACK PANTEL MEMORIAL FUND FOR CARDIOLOGY

PEDIATRIC DEVELOPMENT & RESEARCH FUND

ROSE NOVICK PELLATT MEMORIAL FUND FOR NURSING

BESSIE PESNER SPECIAL BIRTHDAY FUND

SAM & BESSIE PESNER ENDOWMENT FUND

PHARMACY SPECIAL FUND

SENATOR LAZARUS PHILLIPS MEMORIAL FUND

PHYSIOTHERAPY FUND

SHEILA HUBSCHER PLOTNICK MEMORIAL FUND FOR ONCOLOGY

MAURICE POLLACK FOUNDATION FELLOWSHIP FOR NEONATOLOGY

MYER POLLOCK FUND

MORRIS C. POZNIAK FUND FOR MEDICAL RESEARCH

NORMAN BERNARD PRESNER FUND FOR CARDIOLOGY

MOSES J. PRUPAS MEMORIAL FUND FOR ONCOLOGY RESEARCH

PSYCHIATRY LIBRARY FUND

PSYCHIATRY DAY CARE CENTRE FUND

PSYCHIATRY RESEARCH FUND

PSYCHOGERIATRIC CLINIC FUND

PULMONARY RESEARCH FUND

In memory of Mrs. Esther Ades
 In memory of Alvin Ely Neiss

ABRAM PURZYCKI MEMORIAL FUND FOR HEMATOLOGY
 RADIOLOGY FUND

ANNE RAPPAPORT MEMORIAL FUND

JOHN REITMAN MEMORIAL FUND

LOUIS REITMAN MEMORIAL FUND FOR MOLECULAR BIOLOGY

RENAL RESEARCH FUND

In memory of Joseph Bercovitch
 In memory of Adie Greenberg

RETINA RESEARCH FUND

SAM ROLBIN MEMORIAL FUND FOR CARDIO VASCULAR RESEARCH

ROSLYN ROSEN MEMORIAL FUND FOR CANCER RESEARCH

JOSEPH I. ROSEN MEMORIAL FUND FOR CANCER RESEARCH

BERTHA ROSEN MEMORIAL FUND FOR CARDIO VASCULAR RESEARCH

LILY ROSEN MEMORIAL FUND FOR HEART RESEARCH

PEARL LITNER ROSEN MEMORIAL FUND

HENRY ROSENBLATT ENDOWMENT FUND FOR CANCER RESEARCH

PAULA & JACK ROSENBLUM FUND FOR ONCOLOGY RESEARCH

RHODA ROSENBLUM MEMORIAL FUND

MICHAEL ROSENFELD FAMILY ENDOWMENT FUND FOR ORTHOPEDIC RESEARCH

MAX ROSENTHAL CARDIAC MEMORIAL FUND

SAMUEL H. ROSENTHAL MEMORIAL FUND FOR CARDIO VASCULAR RESEARCH

HAROLD & ROBERT & SEANA ROSENZVEIG FUND FOR CANCER RESEARCH

DR. DAVID ROTHSCHILD MEMORIAL FUND FOR PSYCHIATRY

NORAH RUBIN ENDOWMENT FUND FOR HEMODIALYSIS

FLORENCE & HAROLD RUBIN ENDOWMENT FUND FOR MEDICAL RESEARCH

TWINKLE RUDBERG SPECIAL CHILDRENS FUND

DAN E. RUDBERG MEMORIAL FUND FOR CHILD & ADOLESCENT PSYCHIATRY

MILDRED BYER RUDNER FUND FOR THE INTENSIVE CARE UNIT

REVA & SEYMOUR SAMBERG 25TH ANNIVERSARY FUND

ABRAHAM SCHAFTER MEMORIAL ENDOWMENT FUND

WILLIAM SCHECTER ENDOWMENT FUND

MARTHA SCHILLER MEMORIAL RESEARCH FUND

RUTH SCHONBLUH-EDELBERG MEMORIAL FUND

CELY & EZEKIEL SCHOUELA FUND FOR MEDICAL RESEARCH

DAVID & RONALD SCHOUELA MEMORIAL ENDOWMENT FUND

SHEILA & GAMIL SCHOUELA FUND FOR MEDICAL RESEARCH

SHEILA & MAURICE SCHOUELA FUND FOR MEDICAL RESEARCH

IRVING H. SCOTT MEMORIAL FUND FOR NEUROSURGERY

SALLY & JACK SCOTT ENDOWMENT FUND

DR. SYDNEY SEGALL ENDOWMENT FUND FOR CARDIOLOGY

TOBA & BARNETT SHAPER ENDOWMENT FUND

SAM SHENKER MEMORIAL FUND FOR CARDIAC RESEARCH

DR. I. SHRAGOVITCH MEMORIAL LECTURE FUND

DR. JOSEPH SHUGAR MEMORIAL LECTURE FUND

FANNY SHULMAN MEMORIAL ENDOWMENT FUND

SUSAN & HYMAN SHULMAN MEMORIAL FUND FOR CANCER RESEARCH

MERLE & BERNARD STOTLAND ENDOWMENT FUND

RUTH SIBALES FUND FOR HEMODIALYSIS

BEA & NATHAN SILVER MEMORIAL FUND FOR CANCER RESEARCH

BENJAMIN SILVERMAN MEMORIAL FUND FOR CANCER RESEARCH

ROSS SILVERSTEIN MEMORIAL LECTURE FOR HEMATOLOGY

THE NATHAN SKAROFKY MEMORIAL FUND

HARRY SLATTNER FUND FOR CARDIOVASCULAR RESEARCH

MOISHE ARON SMIALY MEMORIAL FUND FOR ONCOLOGY

SOCIAL SERVICES FUND

ROSE SOLOMON MEMORIAL FUND FOR EXTENDED CARE

SAM SOLOMON MEMORIAL FUND FOR ONCOLOGY

SONNY SOLOMON SPECIAL BIRTHDAY FUND

JENNIE SPECTOR MEMORIAL FUND FOR HEMATOLOGY

SHIRLEY & RUEBEN SPECTOR ANNIVERSARY FUND

MAC B. STARK MEMORIAL FUND FOR HEMATOLOGY RESEARCH

ABRAHAM STEIN MEMORIAL FUND FOR CANCER RESEARCH

ABRAHAM STERNTHAL MEMORIAL FUND

MERLE & BERNARD STOTLAND ENDOWMENT FUND

STROKE TEAM FUND

STROKE CLUB FUND

ALEC STUTMAN MEMORIAL FUND FOR INTENSIVE CARE UNIT

SURGICAL RESEARCH & DEVELOPMENT FUND

SAMUEL & EMMA SURKIS MEMORIAL FUND

JACK SVERDLOVE MEMORIAL FUND FOR HEMODIALYSIS UNIT

GERTRUDE SWIDLER MEMORIAL FUND FOR HEART RESEARCH

JUNE TAYLOR MEMORIAL FUND

LAZAR TEPNER MEMORIAL FUND

RAE & HARRY TIMMERMAN ENDOWMENT FUND

DORA TISSENBAUM MEMORIAL HEART RESEARCH FUND

MOE UDITSKY MEMORIAL FUND FOR VASCULAR RESEARCH

UROLOGY RESEARCH FUND

VASCULAR RESEARCH FUND

In memory of Rita Shacket

JEAN MARIE VILLEMURE MEMORIAL FUND FOR CANCER RESEARCH

STANLEY A. VINEBERG ENDOWMENT FUND FOR ONCOLOGY

THOMAS HOWARD VINEGAR MEMORIAL FUND FOR VASCULAR RESEARCH

ARTHUR (ABE) WARHAFT MEMORIAL FUND

ANNA & PAUL WAXMAN 50TH WEDDING ANNIVERSARY FUND

MEREDITH WEBSTER ENDOWMENT FUND FOR ONCOLOGY

EDWARD WEIGENBERG FUND FOR PULMONARY RESEARCH

DR. NOAH WEVRICK MEMORIAL FUND FOR NEONATOLOGY RESEARCH

CHRISTOPHER WHELAN MEMORIAL FUND FOR CANCER RESEARCH

DR. SAUL WILNER MEMORIAL FUND

MARY MONAKER-WISE MEMORIAL FUND FOR CANCER

CHARLOTTE (LOLLY) WITTMANN FUND FOR RENAL RESEARCH

LOTTIE & HARRY YAFFE FUND FOR CANCER RESEARCH

SAUL YANOW FUND FOR ONCOLOGY

HARRY ZAKUTA MEMORIAL FUND FOR ONCOLOGY

DR. ALEXANDER ZARITSKY MEMORIAL FUND FOR ONCOLOGY RESEARCH

IRVING ZARITZKY MEMORIAL FUND FOR CARDIOLOGY

DR. SHELDON ZEMELMAN MEMORIAL FUND

GUNTHER L. ZILVERSMIT MEMORIAL FUND FOR ONCOLOGY

RUTH ZION MEMORIAL FUND FOR ONCOLOGY RESEARCH

SHEILA ZITTRER FUND FOR RESEARCH

IRVING ZWALSKY MEMORIAL FUND FOR HERZL FAMILY PRACTICE

BEQUESTS RECEIVED

ESTATE BEN HISLOP	500.00
ESTATE LILIAN HOLZBERG	1,000.00
ESTATE SAMUEL LADDIE KERT	30,769.21
ESTATE GENE LITT KORN	1,000.00
ESTATE HARRY RABIN	21,785.71
ESTATES PEARL & RUTH VINEBERG	46,456.80
ESTATE HARRY ZAKUTA	21,640.00